

Child Care Assistance Policy & Procedure Manual

State of Alaska
Department of Health and Social Services
Division of Public Assistance

Child Care Program Office

Child Care Assistance Policy & Procedure Manual

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Part I: Administrative & General	Section: 100
Title: Mission & Purpose	
Reference: CCPO	Revised: May 30, 2007

MISSION: The State of Alaska Division of Public Assistance mission is “To promote self-sufficiency and to provide basic living expenses to Alaskans in need.” The Child Care Program Office mission states: "We support families in accessing quality child care."

VISION: The Child Care Program Office vision states: “Quality child care is accessible to all families in Alaska.”

To accomplish the mission and achieve the vision, the Child Care Program Office will employ these strategies regarding families accessing quality child care:

Access:

- Help families pay child care costs
- Provide child care referrals for parents
- Recruit child care providers
- Approve child care providers

Quality:

- License child care providers
- Provide training for child care providers
- Provide consumer information
- Provide financial assistance to providers to improve quality
- Promote quality enhancement activities

PURPOSE of the MANUAL: This manual is to serve as the policy and procedures guide for the administration of the Child Care Assistance Programs: PASS I, II and III.

This manual cannot anticipate every situation that may occur while administering this program and working with families and child care providers. Administrators for the child care programs may encounter circumstances where the manual does not provide enough detail to make a decision.

PRUDENT PERSON JUDGMENT: In such cases, administrators are expected to exercise sound and reasonable judgment when encountering specific family or provider situations. Decisions made and reasons for the decision must be documented thoroughly to allow another staff member or administrator to understand what actions were taken and the reasons for these actions. Documentation of a decision includes writing electronic case notes in ICCIS, the reasons leading up to a decision.

Verification of information is crucial to good decision making, as well, and must be kept in the case files. Verification may include hard copies of pay stubs, employer records or statements of hours worked, statements from third party collateral contacts, birth or immunization records, etc.

INQUIRIES and CONSULTATION: Administrators should consult with the Child Care Program Office (CCPO) if they are unable to reach a decision on any particular point, or have questions about a particular issue.

For questions or additional guidance on policy or procedural issues for PASS I, II or III child care assistance or licensing, administrators are encouraged to e-mail inquiries to the CCPO Policy Mailbox at dpaccp@alaska.gov

For provider billing issues, address change requests, PVN requests, and general questions contact CCPO@alaska.gov

Send the Quarterly Cumulative Fiscal Report (CFR) and Narrative Reports to Grants and Contracts office.

Send ICCIS computer system questions and concerns to EISHELP@alaska.gov

RESPONSE TIME: The CCPO requires the Administrator to categorize each request into one of three levels described below.

- Level I: Administrator needs a response within 24 hours regarding a critically important issue.
- Level II: Response is needed within five (5) working days regarding a less time-critical question or concern.
- Level III: This may be a hypothetical situation, or a real scenario. It may also be tabled for general discussion during a statewide teleconference, if appropriate. The CCPO will acknowledge this request within five (5) working days, but a decision or full response may be tabled for future discussions.

In the subject line of the e-mail, the administrator shall write a short description of the concern, and assign it an appropriate level for response time. For example, the e-mail subject line might read, "Irregular Income for Spouse -- Level II".

Part I: Administrative & General	Section: 105
Title: Program Overview	
Reference: 7 AAC 41.012	Revised:

PROGRAM OVERVIEW: The Child Care Assistance Program actively supports quality child care for eligible families within the State of Alaska through the federally funded Child Care and Development Block Grant program.

The 1996 Personal Responsibility and Work Opportunity Reconciliation Act authorized states to further develop Child Care Assistance Programs to aid public assistance recipients and low to medium income families as they work or participate in education or training programs.

PASS PROGRAM: The State of Alaska has developed the Parents Achieving Self-Sufficiency (PASS) program as a method to provide child care subsidies to eligible families.

The PASS program is divided into three categories:

PASS I provides child care assistance to recipients of the Alaska Temporary Assistance Program or ATAP. ATAP is funded federally through Temporary Assistance for Needy Families (TANF). Recipients must be involved in work search, currently employed or participating in an activity approved in the family self-sufficiency plan.

PASS II provides child care assistance for up to 12 months to eligible families who no longer receive ATAP because their case closed due to employment or other reasons. Eligible families are those who need assistance with child care to continue to work, or to participate in an education or training program.

PASS III assists low to medium income families in need of child care assistance. It is not required that these families be past participants in either PASS I or PASS II programs.

All Child Care Assistance Programs work closely with various government agencies as well as community organizations to provide a continuum of services. These agencies include, but are not limited to, the following:

- Department of Education and Early Development: Head Start and Child and Adult Food Program
- Department of Labor & Workforce Development: Alaska Job Center Network
- Health and Social Services Divisions: Public Assistance, Office of Children's Services, Public Health, and Child Care Licensing
- Alaska Native organizations

Part I: Administrative & General	Section: 110
Title: Confidentiality and Civil Rights	
Reference: 7 AAC 41.400	Revised:

CONFIDENTIALITY: It is against the law to use or disclose information obtained from PASS I, II, or III households to any person other than the applicant or recipient, with the following exceptions:

- Persons directly involved in the administration and enforcement of the Alaska Temporary Assistance Program
- Persons directly involved in other state or federally funded assistance programs including, but not limited to PASS I, II, and III, and tribal organizations administering TANF or CCDF child care assistance programs

To Ensure Confidentiality:

- Files must be kept in a manner that maintains confidentiality of personal information.
- Passwords will be kept confidential and not shared with others.
- Eligibility reviews must occur in locations that ensure confidentiality.
- Personal family information must be discussed only in a professional context.
- Release of Information forms signed by the participating parent or provider must be used when requesting information from other sources.
- Information may be released to an agency that provides a valid Release of Information form signed by the appropriate individual.

Systems Operations and Network Services Security Manual: Refer to Security Manual for specific information regarding confidentiality of computer records and networking concerns.

Sole Person Office: In a sole-person child care office, the administrator must have an authorized, back-up (substitute) administrator. The authorized person must have on file a signed DHSS confidentiality form and security agreement. The authorized back-up person may work within the designee's agency, but is not required to. The back-up person must have his or her own passwords to use the computer systems. Providers or parents who participate in PASS I, II, or III programs cannot serve as back-up administrator.

CIVIL RIGHTS: The department will not discriminate against any applicant or participant in any aspect of program administration, including, but not limited to, the certification of families and approval of providers, the issuance of authorizations or other program benefits, the conduct of administrative reviews, or the conduct of any other program service, for reasons of age, race, color, sex, handicap, religious creed, national origin, or political belief.

Part I: Administrative & General	Section: 115
Title: Limited English Proficiency	
Reference: CCPO	Revised: June 1, 2007

LIMITED ENGLISH PROFICIENCY: If an individual is not able to speak, read, write English, or the individual requests translation services, designee must make every effort to arrange for translation services. Designees may provide this assistance through one-on-one, or group orientations, using the following methods:

- Telephonic interpreter service provided by the department
- Resources within the community that provide translation services
- Bilingual employees of the designee
- Friends and family of the applicant or participant

Individuals who can understand English but are unable to read the application or other printed materials must have these read aloud to them.

Designees may help complete the application or other required forms, making sure the individual understands each question that is read. If the designee or an interpreter assists with translation or reading of the information, the reader or translator's name must be documented in case notes. The designee must also document the relationship between the reader or translator and the applicant. (For example: friend of applicant, bilingual staff member, etc.).

Part I: Administrative & General	Section: 120
Title: State of Alaska Responsibilities	
Reference:	Revised:

The state and the designee work together to deliver Child Care Assistance (CCAP) services. The Child Care Program Office (CCPO) is the designee's primary contact, but other offices within the state provide services (i.e. department of Administration issues payments, the DPA Program Integrity and Analysis Office monitors designees and provides data/reports to designees, the Systems Operations Office maintains the computer management system, the Grants and Contracts Office oversees fiscal reporting etc). The responsibilities and activities include but are limited to, are listed below:

- Develop and interpret State of Alaska regulations and statutes regarding PASS I, II, and III Child Care Assistance and Child Care Licensing programs
- Review and interpret Federal Child Care and Development Fund regulations
- Develop Child Care Assistance program policy manual
- Prepare and issue grant, monitor fiscal and program reporting, issue grant payments
- Provide templates of required child care forms and notices of action
- Provide training and technical assistance to designees statewide
- Provide interpretation and clarification of policies to designees and the public
dpaccp@alaska.gov
- Provide a web-based management information system – the Integrated Child Care Information System (ICCIS)
- Provide training and a user guide on the use of ICCIS, including cost of travel to training if needed
- Provide ICCIS “help desk” support EISHelp@alaska.gov
- Conduct grant and program monitoring, measure improper authorizations for payment, desk audits, case file reviews, and provide feedback to designees
- Coordinate monthly toll free teleconferences with designees
- Provide grantee access, at no cost, to telephone interpretive services for swerving families and providers with limited English proficiency

- Provide a list of eligible child care providers on the Child Care Program Office web-site <http://www.hss.state.ak.us/dpa/programs/ccare>
- Notify families and providers of changes to regulations, policy, and designees
- Provide designees with monthly caseload reports
- Provide designees with crime matrix and process for background checks
- Issue child care payments

Part I: Administrative & General	Section: 125
Title: Designee Responsibilities	
Reference: 7 AAC 41.015	Revised:

OVERVIEW: The Child Care Assistance Program is administered on a statewide basis through designees, DPA staff and contractor agencies. These entities must comply with all federal and state regulations, policies and procedures, and are responsible for providing continuity of the program to its customers. Designees may employ a local administrator or subcontract with a separate entity.

DESIGNEE/ADMINISTRATOR RESPONSIBILITIES: Designee, DPA staff, and contractors are the primary community contacts who interact closely with families and providers participating in the Child Care Assistance Program. In accordance with the Alaska Administrative Code (AAC), they are responsible to perform the duties outlined below.

7 AAC 41.015. Responsibilities of designees.

- (a) *The department may designate an entity or a municipal government to administer child care assistance program services within a specified geographic area for PASS II and PASS III families and child care providers under this chapter. A municipality will be given preference over other organizations, as required by AS 47.25.001(b)(2).*
- (b) *If the department designates an entity or municipal government to perform certain functions on the department's behalf, those functions may include one or more of the following:*
 - (1) *for providers and for PASS II and PASS III families:*
 - (A) *provide program information;*
 - (B) *obtain completed applications or renewals;*
 - (C) *verify and evaluate information supplied by providers and families for participation in the child care assistance program and payment of benefits related to that participation;*
 - (D) *verify that the provider's license or approval is in good standing;*
 - (E) *request additional information if necessary to evaluate eligibility;*
 - (F) *approve or deny participation in the program;*
 - (G) *determine the amount of child care to authorize, including determination of the family contribution toward the eligible cost of care; for a two-parent family, evaluate and discuss with parents work schedule options, and determine the necessity for more than full-time care;*
 - (H) *submit applications, evaluation, decisions, or recommendation, and related reports, to the department upon request;*
 - (I) *provide ongoing review for compliance with the applicable provisions of this chapter and refer suspected noncompliance to the department;*

- (J) *determine whether a provider or family becomes ineligible for participation in the program, and, if so, discontinue authorization and payment and issue notice in accordance with 7 AAC 41.405;*
 - (K) *except as provided in (e) of this section, receive and process complaints;*
- (2) *regarding approved providers, in addition to (1) of this subsection:*
 - (A) *obtain documents and review information related to criminal history background checks in accordance with 7 AAC 41.205;*
 - (B) *as necessary, request the department to review information obtained under 7 AAC 41.205;*
 - (C) *monitor providers for compliance with the applicable health and safety standards of this chapter.*
- (c) *A designee shall refer a provider subject to licensure under AS 47.32 and 7 AAC 57 to the department.*
- (d) *A designee shall deny or discontinue a family's or a provider's participation in the program if the family or provider is ineligible under AS 47.25.001 – 47.25.095 or this chapter. Subject to 7 AAC 41.405, the designee shall mail to the provider or family, as applicable, a written determination of denial or discontinuance of participation in the program and a notice of request for administrative review form. Under 7 AAC 41.415 and 7 AAC 41.430, a designee may submit to the department a recommendation regarding any change in program participation based on noncompliance with AS 47.25.001 – 47.25.095 or this chapter.*
- (e) *A designee shall immediately report to the department any noncompliance with an applicable health and safety requirement of this chapter. The department will evaluate the report and, if the department determines that an investigation is warranted,*
 - (1) *conduct the investigation;*
 - (2) *develop a plan with the designee for a coordinated investigation; or*
 - (3) *authorize the designee to conduct the investigation and submit a report and recommendation to the department.*
- (f) *The department may separately approve, deny, monitor, and investigate providers and families, regardless of whether a designee has been made under this section.*
- (g) *If the designee under this section is accomplished through a grant or contract, the designee shall administer its grant or contract in compliance with this chapter, other applicable state or federal law, and the grant or contract, regardless of whether the designee has subcontracted administrative duties to a subcontractor. Any subcontract must require the subcontractor to administer the subcontract in compliance with this chapter, and other applicable state or federal law.*
- (h) *A designee shall use forms prescribed by the department to administer the child care assistance program unless the department authorizes, in writing, the use of another form that provides the same information as the prescribed form.*

Authority: AS 47.25.001

Part I: Administrative & General	Section: 130
Title: Designee Records Management	
Reference: 7 AAC 78.160	Revised: May 30, 2007

CASE FILES: The case file is the permanent record, which contains the application and materials supporting the application, the eligibility decision, and all documentation and verification supporting eligibility factors. The file must include notes and changes in case status in Integrated Child Care Information System (ICCIS).

Items entered into the file must be clear and complete enough so that any person who views the file will be able to easily reconstruct what action occurred, why it occurred, who took the action, and when it was taken. Case files shall be maintained for each family and provider participating in the Child Care Assistance Program.

Family case files must be maintained in a consistent manner within the local offices, with the most current forms on top and the most permanent forms on the bottom.

Each hard copy family file shall contain the following information:

- Family application
- Child Support Services Division (CSSD) orders and documents
- Parent responsibilities form (Signed by the applicants)
- Tax documentation, if self-employed
- Business license, if self-employed
- Developmental disability documents
- Divorce and custody documents (Only need to incorporate the portions relevant to determining the family's eligibility.)
- Birth Certificates or other records verifying birth: hospital or shot records, court documents, PASS I records, etc.
- Income verification and documentation (employer verification & or pay-stubs on which eligibility was determined)
- Supporting education or training documentation

Provider case files should contain specific information and documentation depending on whether the facility is approved, licensed, tribal-certified or military-certified.

Approved Providers

- Approved provider application
- A copy of a government-issued photo identification of the provider
- A copy of a completed W-9 form
- An Interested Person Report for all household members 18 and older
- A signed Child Care Provider Rates and Responsibilities form
- A signed Approved Provider Health and Safety Requirements form

- Completed Release to Review Background Information forms for the provider and each household member 16 years of age and older
- A copy of provider's disaster preparedness and emergency evacuation plan
- CPR/First aid Certification (provider has 6 months from eligibility start date to obtain)
- Designees will email DPA PASS I staff ICCIS screen shots for file copies. No hard copies need to be on file with DPA if provider is approved by designee.

Approved Relative Providers new and at the time of renewal

- Approved provider application
- Relationship of children in care
- A copy of a government-issued photo identification of the provider
- A copy of a completed W-9 form
- An Interested Person Report for all household members 18 and older
- A signed Child Care Provider Rates and Responsibilities form
- A signed Approved Provider Health and Safety Requirements form
- Completed Release to Review Background Information forms for the provider and each household member 16 years of age and older
- A copy of provider's disaster preparedness and emergency evacuation plan
- CPR/First aid Certification
- Designees will email DPA PASS I staff ICCIS screen shots for file copies. No hard copies need to be on file with DPA if provider is approved by designees.

Licensed, Tribal-Certified or Military-Certified Providers

- A copy of the provider's current child care license, issued by the department, or Municipality of Anchorage
- A copy of the provider's current certificate or other approval granted by the United States Department of Defense, the United States Coast Guard, or a tribal entity whose provider standards meet or exceed the department's standards
- A copy of the provider's written policies (if policies are not included with Child Care Provider Rates and Responsibilities form)
- A copy of a completed W-9 form
- A signed Child Care Provider Rate and Responsibilities form

DESIGNEE RECORD MANAGEMENT: Designees receiving funds from the state and/or federal government are required to maintain records documenting appropriate expenditures of program funds. Designees must also maintain records for program monitoring purposes by both state and federal personnel.

The following documentation will be maintained by the designee:

- Executed grant agreements, grant amendments, subcontracts, pertinent correspondence, monitoring reports, designee copies of invoices and corresponding billing reports, audits, tax reporting documents, equipment inventories, wait lists, provider files, parent files, databases and computerized records, and all other grant program records. If designee sub-contractor is not located at the same location as the designee the following records

may also be kept at the sub-contractors location: wait lists, provider files, parent files, databases and computerized tracking systems.

- Documentation of receipt and use of administrative funds may be maintained with agency fiscal information but must be available for review by state or federal monitoring staff.
- Records will be maintained separately by state fiscal year. Records will be maintained for the current year and for three years prior. Records will also be maintained until satisfactory resolution of any findings from a monitor, payment audit or appeal. Closed or denied parent files are stored with records of the state fiscal year in which the file was closed.
- Program monitors and correspondence pertaining to the monitors must be kept in a separate file.

TRANSFERRING FAMILIES: When a participating family moves or transfers from one community to another and requests child care assistance in the new location, the designee in the family's new community will contact the designee in the family's former community within 24 hours and request that case files be sent. The designee in the family's former community will send the requested information within 24 hours. Both designees will write a case note in ICCIS documenting the date and the action taken. The new designee shall update pertinent information regarding the family and conduct a new eligibility determination for the family.

16 STEP APPROVED PROVIDER TO LICENSED PROCESS:

1. Designee sends initial notice to provider 150 days (5 months) prior to approval end date, electronically notifies the appropriate Child Care Licensing Supervisor and makes case note in Integrated Child Care Information System (ICCIS).
2. Child Care Licensing Supervisor forwards the information received from the Designee onto the appropriate Child Care Licensing Clerk.
3. Child Care Licensing Clerk sends second notice (postcard) to provider 120 days (4 months) prior to approval end date and makes case note in ICCIS if provider has not already submitted an application packet to child care licensing.
4. Provider to contact child care licensing office to request application packet.
5. Child Care Licensing Clerk sends packet to provider and makes case note in ICCIS.
6. Child Care Licensing Clerk tracks date of request and mailing of packet.
7. Approved provider submits completed application to licensing at least 90 days prior to approval end date. *If not received within the required 90 days, no extension granted without approval from the Child Care Program Office.*
8. Child Care Licensing Clerk notifies Licensing Supervisor of receipt of packet.
9. Child Care Licensing Supervisor assigns a Child Care Licensing Specialist.
10. Child Care Licensing Specialist reviews the application for completeness and notifies applicant within 10 calendar days of completeness or need to submit additional information and makes case note in ICCIS.
11. Designee monitors ICCIS to check status of application.

12. Child Care Licensing Specialist will communicate to their supervisor no less than 10 working days prior to the end date of the applicant's approval status that they will not be able to process the application prior to the approval end date and makes appropriate case note in ICCIS.
13. Child Care Licensing Supervisor will communicate to the Designee when a 30-day extension of the licensing process will occur and makes a case note in ICCIS.
14. Designee will extend authorization for the approved provider for no more than the 30-day extension and notifies approved provider.
15. Child Care Licensing Supervisor will contact the Designee in the event that an additional extension will be given beyond the original 30-day extension and make case note in ICCIS.
16. Designee can write authorizations based on an electronic message from the Child Care Licensing Supervisor if the provider has completed the process for becoming a licensed provider and the license is waiting for the supervisor's signature.

***NOTE:** The designee makes the final determination on whether or not an extension is granted. There may be other issues involved in making this determination. The designee may at any time ask the Child Care Program Office to review the case, but the designee will make the final determination.*

ADMINISTRATIVE EXPENSES: Designees submit to the department quarterly for expenses incurred in the operation of the Child Care Assistance Program. Administrative expenses include costs listed within the grant agreements, and delineated under 7 AAC 78.150.

Reports, both financial and narrative, must be completed quarterly in a format provided or approved by the department. The report is due by the last day of the month following the quarter being billed. Designees submit quarterly reports (Cumulative Fiscal Report (CFR) and Narrative) electronically to Department of Health and Social Services Grants and Contracts.

DISALLOWED COSTS: A designee is financially accountable, and must reimburse the department, for grant funds not spent in accordance with the policies, procedures, regulations, and grant agreement governing the Child Care Assistance Program. Grant funds may not be used for this reimbursement.

A designee may not hold a family or provider financially responsible for repayment of such money if the basis for the wrongful expenditure was due to any action of the designee.

For designee error, or other disallowed costs, the designee may appeal to the Child Care Program Office regarding the necessity to reimburse the state for wrongly spent funds.

Part I: Administrative & General	Section: 135
Title: Insufficient Program Funds	
Reference: 7 AAC 41.050	Revised:

INSUFFICIENT PROGRAM FUNDS: If the Child Care Program Office (CCPO) determines that available funding is not sufficient to provide full program benefits for participating families, or to add new families, the CCPO may dictate one or more of the following actions:

- Terminate, or require designees to terminate, program benefits for participating families
- Limit the eligible activities required for program benefits
- Establish a wait list
- Reduce program benefits for all participating families by a percentage based on any shortfall in available funding

In the event that PASS II or III families would need to be removed from program participation due to lack of funding, the CCPO or its designee must give 30 days written notice to families being removed and to their providers.

Priority for Retention: If any of the above measures are undertaken, the highest priority for retention in the child care assistance program will be given to a participating family who is lowest on the “Family Income and Contribution Schedule” based on income, household size and is involved in either of the following eligible activities:

- Working
- Attending school, if child care assistance has been paid for full-time student status for less than five (5) years. (Full time student status is equivalent to 12 credit hours per semester.)

Alternative Plan: A designee may develop an alternative plan for the necessary or required actions listed in “Insufficient Program Funds” above, but must submit that plan to the CCPO for approval.

Part I: Administrative & General	Section: 140
Title: Wait Lists	
Reference: 7 AAC 41.050	Revised:

WAIT LISTS: In the event of a projected shortfall in statewide funding for Child Care Assistance Programs, the Child Care Program Office may establish a wait list. The wait list shall prioritize eligible families applying for participation in the event additional funding becomes available.

Wait List Exemptions: An eligible family which includes one or more of the following individuals will not be placed on a wait list but will immediately receive benefits upon eligibility determination:

- A new child of a participating family
- A child with special needs. Benefits are limited to this child.
- A child with parent(s) aged less than 20 years who are enrolled in a high school completion program
- A child whose parent(s) left the Temporary Assistance program within the last 12 months because of employment.

Prioritization: An eligible family is first placed within one of two categories. The highest category is Priority 1.

- Priority 1: An eligible family in which a single parent is, or both parents are, working, or attending school, if child care assistance has been paid for full-time student status for less than five (5) years
- Priority 2: An eligible family in which a parent is seeking work, or attending school, if child care assistance has been paid for full-time student status for five (5) years or more

Within the above two categories, highest priority for service is given to eligible families with the lowest family income. If all other priorities are equal, families shall be prioritized on the wait list by the date of program application, with the longest standing application receiving highest priority.

Maintenance: Each family must contact the designee on a monthly basis to determine the status of the wait list. The designee shall note the date of contact and verbally verify eligibility criteria. Eligibility will be re-determined for any family reporting changes. A family that fails to maintain monthly contact shall have their name removed from the wait list.

Processing the Wait List: It is difficult to process the wait list while simultaneously adding new eligible families. Therefore, designees will “freeze” the wait list when they first begin to process the wait list. Newly eligible families will be placed on a separate list until the original (or “frozen”) list has been processed. The designee processes the “frozen” wait list by contacting families to put on the program until the projected amount of

available funding is committed. At this point, the newly eligible families will be added from the separately maintained list.

Transferring Families: A family on a wait list in one community may transfer to a wait list in another community, and maintain their original date of program application. Also, a family who is a participant in one community may transfer to a program wait list in another community, maintaining the original date of the family's program application.

Statistics: Designees are required to maintain current statistics on all wait-listed families. All wait-listed families will be counted for statistical purposes as specified by the Child Care Program Office.

Example #1: A three (3) person family whose income is calculated at \$1,546 a month is interviewed in the Mat-Su office on April 12 at 9:00 AM. On that same day, a five (5) person family is interviewed at 10:00 AM. Their family income is calculated at \$1,544 per month. Therefore, the five person family is given higher priority, as their income is determined to be lower than that of the three person family, even though they came in a little later on the same day.

Example #2: A family is currently on the wait list. Funds have become available and they come in for their eligibility review to be placed on the program. At the eligibility review, it is determined that they are no longer in the same priority category. Procedure: Do not place the family on the program. Instead, place them in the appropriate wait list category. Maintain the original date of placement on the wait list. Continue counting this family for wait list statistical purposes.

Part I: Administrative & General	Section: 145
Title: Intentional Program Violations: PASS II/III	
Reference: 7 AAC 41.410 & 7 AAC 41.425	Revised:

Intentional Program Violations occur when a family or provider deliberately misrepresents, conceals, or withholds a material fact that results in a payment to the family or provider. Sanctions may be imposed if a participating PASS II or III family or provider is found to have violated specific program requirements.

Sanctions for an Intentional Program Violation (IPV): A participating family or participating provider that violates a program requirement as described in this section will be subject to a sanction.

A family is subject to a sanction if the family does the following:

- Reports incomplete or inaccurate income or eligibility information for benefits
- Refuses to keep required information current, or report changes that might affect program eligibility or family contribution amount within seven days of the change
- Refuses to comply with family responsibilities, including paying their required family contribution to the provider
- Provides false or misleading information, or withholds information, in order to receive program benefits
- Falsifies attendance records to reflect more time a child was in care than actually occurred
- Refuses to cooperate with a monitoring review or investigation concerning eligibility, services provided by a participating provider, or general program compliance
- Refuses to comply with a repayment plan, or cooperate with the plan development

A provider may be subject to a sanction if the provider does the following:

- Refuses to maintain eligible provider status
- Provides false or misleading information or withholds necessary information which results in erroneous determination of eligibility or payment of benefits
- Refuses to maintain records concerning program requirements
- Refuses to cooperate with a review or investigation, or allow inspection of the provider's facility or records
- Provides care which places the health, safety or welfare of those in care at risk
- Charges a participating family a higher rate than that charged other families for the same service
- Falsifies attendance records to reflect more time a child was in care than actually occurred
- Refuses to comply with a repayment plan, or cooperate with the development of the plan
- Refuses to comply with a plan of correction

Sanction Procedures: If the CCPO or designee determines that a family or provider intentionally violated a program requirement, the department will send a written notice to the family or provider. A copy of the notice is kept in the family or provider's file as part of the permanent record. The CCPO's notice must contain the following:

- The determination and basis of that decision. For example, the specific program requirement that was violated.
- Any actions the CCPO will take, and the effective date for any such actions
- Advise the family or provider regarding their right to appeal the decision

Sanctions are effective 15 days after the family or provider receives the written notice unless he or she requests a fair hearing.

Continuance of Benefits: A participating family has the right to request continuance of benefits up to their period of eligibility, or until the end of the hearing process, whichever occurs first.

Types of Sanctions imposed by the CCPO, or in conjunction with, the Licensing Unit, on a provider or a family may include one or more of the following actions:

- Limit the types of child care that may be used
- Limit the number of children a provider may care for
- Program Suspension, including suspending authorizations and payments for up to six (6) months
- Program Termination, ending authorizations and payments, and revoking approval status

Suspension and Termination Clarifications:

List of Eligible Providers: The CCPO will remove the name of any suspended or terminated provider from the "List of Eligible Providers." The effective date is that of the CCPO's final decision. If suspended, a provider may be reinstated to the "List of Eligible Providers" after the end of the suspension period when the provider again meets all program requirements.

Billings: A provider is not allowed to bill for child care assistance services during suspension from, or after termination from, the program.

Termination: If terminated from the Child Care Assistance Program for an intentional program violation, a parent or provider is not allowed to participate further in the program in any capacity – either as a parent or child care provider under PASS II or III.

Example: Sidney Clark was terminated as a parent under the Child Care Assistance Program for an intentional program violation. His family had been receiving PASS III assistance. He later applied to become a provider under the program. Sydney Clark's application would be denied.

Part I: Administrative & General	Section: 150
Title: Overpayment of Benefits	
Reference: 7 AAC 41.420 & 7 AAC 41.415	Revised: August 4, 2007

Overpayment of Benefits are program benefits received by a family or a provider as the result of a mistaken payment, payment over the authorized amount, fraud, or when in non-compliance with child care assistance program requirements.

Participation/Termination: A family or provider who is the subject of a review may continue to participate in the program during the ongoing review. However, he or she may be terminated from the program if the family or provider refuses to cooperate at any level of a review.

Procedure: When an overpayment of benefits is suspected, the designee will use the following steps.

- Use the Preliminary Review form to document the suspicion.
- If the overpayment is the result of a typographical error, or other similar mistake by the designee, family or provider, that causes an error in the payment, regardless of the amount, make the adjustment from the next month's billing if agreed upon by the family and/or provider and the designee.
- If the overpayment is less than \$100.00, and is caused by non-compliance with CCA program requirements, such as failing to report an increase in pay, notify the family or provider of the overpayment and correct the cause of the overpayment.
- If the overpayment is \$100.00 or more, submit the Preliminary Review form and any supporting documents by fax or email to the CCPO policy mailbox.

Upon receipt of the Preliminary Review form the CCPO will take the following steps.

- The Eligibility Quality Control Technician 1 (EQCT 1) will conduct a fact finding investigation and submit the documentation of the case facts to the Public Assistance Analyst (PAA). The investigation may include, but is not limited to, the following processes:
 - Review of State of Alaska and contracted databases;
 - Review of the family, provider, designee, or department records;
 - Announced or unannounced inspections of the child care location;
 - Interviews with the family, provider and/or collateral contacts.
- The PAA and appropriate other staff will review the case facts to make a determination if an overpayment of benefits or program violation exists.
- The PAA will send notification of the determination to the designee and the family or provider, if appropriate.

- If an overpayment of benefits has been determined, a copy of the written notification, including the appeal process and a Financial Repayment Agreement (FRA) for will be sent to the family or provider.

Reasonable Repayment Plan: If the CCPO determines that an overpayment of benefits exists, CCPO will work with the family or provider to establish a repayment plan. The repayment plan will establish a reasonable minimum dollar amount to be paid monthly, and set forth a realistic timeframe in which to fully repay the sum due to the PASS II or III Child Care Assistance Program. If a provider or family refuses to cooperate in the development of a repayment plan within 15 days after receiving notice the department will take action to recover the overpayment through collection procedures or deduction from any future amounts paid. A description of the agreed upon repayment plan will be documented in ICCIS.

Failure to Comply: If the provider or family fails to comply with an established repayment plan, the CCPO will notify the individual(s) in writing of actions the department will implement, and when those actions will take effect, as well as the individual's right to appeal the decision or request a fair hearing.

The notice may describe actions to recover any overpayment of benefits either through collections procedures, or by deducting future payment of benefits under this program. In addition, the name of a family which failed to comply will be placed on the "List of Ineligible Families" and the family will not be allowed to receive PASS II or III child care assistance until their name is removed from that list.

Part I: Administrative & General	Section: 155
Title: Administrative Reviews	
Reference: 7 AAC 41.435	Revised:

Administrative Reviews: Any family or provider who disagrees with a written determination received by an designee may request an administrative review from the Child Care Program Office. Either applying or participating families or providers may request administrative reviews.

The request must be submitted to the Child Care Program Office in writing on a Request for Administrative Review form (RAR), and must be postmarked no later than 15 calendar days after receipt of the local designee's Notice of Determination.

The Request for Administrative Review must be provided with each Notice of Determination sent to a family or provider.

RARs must be signed by the family or provider requesting the review and contain the following:

- A copy of the written determination being requested for administrative review
- An itemized list of each alleged violation of statute or regulation upon which the request is based
- Factual arguments supporting the allegation of the family or provider
- The specific relief sought

Administrative reviews will be conducted by a person not involved with the decision under review, or subordinate to the person who made the decision.

Previously Authorized Financing: A determination by a designee that would result in the termination of previously authorized financing for a participating family or provider shall be stayed pending the outcome of the administrative review, unless the designee's determination is based upon substantial evidence of threat or harm to a child in care. (Previously authorized financing is not relevant to an applicant family or provider.)

Timeframe: The Child Care Program Office will issue a decision to grant or deny the relief sought and provide the family or provider, and any designee, a copy of the decision within 15 calendar days after receipt of the request.

Final Decision: The decision on administrative review constitutes the final department decision, unless the family or provider requests a fair hearing.

Part I: Administrative & General	Section: 160
Title: Fair Hearings	
Reference: 7 AAC 49.040 - .180	Revised:

Fair Hearings: If the Child Care Program Office does not grant the relief sought, the family or provider may request a formal hearing on the decision. The request may be made to the division orally or in writing by a family or provider, or by a responsible person acting on this person's behalf.

Timeframe: An aggrieved individual must make an oral or written request for a hearing within 30 days after receipt of written notice of the CCPO or designee action.

The CCPO recommends any Request for a Fair Hearing contain the following:

- List of exhibits the aggrieved party intends to introduce at the hearing
- Names of persons to be called as witnesses at the hearing
- Whether the family or provider will be represented by counsel

Unless the family or provider agrees to a shorter time period, the division will mail him or her a notice stating the time, date, and place of the hearing within 10 days after receiving a hearing request, and at least 15 days before the date the hearing is scheduled. The place must be one reasonably convenient to both parties involved.

The Request for a Fair Hearing may be denied, dismissed or terminated for the following reasons: the parent or provider withdraws the request in writing; the issues affect groups of recipients, or all recipients, and is not one of incorrect benefit computation; or the issues are not relevant to this program, or the client fails, without good cause as determined by the hearing authority, to appear in person, telephonically, or by authorized representative at the scheduled hearing.

The commissioner or his/her designee will appoint a hearing authority to decide the dispute, subject only to appeal to the director. The hearing authority will be an employee of the department who has not participated in the action at issue. In most cases, he or she will render a decision no later than 90 days after the date of receipt by the division of a request for a hearing.

If the parent or provider is not satisfied with the decision of the hearing authority, the client may file an appeal to the department director in writing within 15 days after receipt of the hearing authority's decision. Except as provided in applicable federal law, within 30 days after receipt of the appeal request, the director shall review the hearing record, the hearing authority's decision, and applicable laws, regulations, and policies, and render a decision on the appeal. The director's decision constitutes final administrative action.

Part I: Administrative & General	Section: 165
Title: Program Participation Prohibitions	
Reference: 7 AAC 41.055	Revised:

Program Participation Prohibitions: A provider or family may be prohibited from participating in the Child Care Assistance Program under one or more of the following scenarios:

1. He or she has been debarred in accordance with 45 CFR Part 76.
2. One or more of the parents in a family is ineligible because of placement upon the departmental list of ineligible families due to an intentional program violation.

Excluded Parties List System (EPLS): Available on-line at <http://www.epls.gov/> is the federal listing of persons who are precluded from participation because of debarment in accordance with Title 45 of the Code of Federal Regulations, Part 76.

Procedure: PASS II and III designees are required to check the names of providers and families against the federal EPLS, as well as against the statewide “List of Eligible Providers” and “List of Ineligible Families.” Designees must document in the family or provider file that these checks have been conducted. Documentation would include printing out a copy of the EPLS page which shows that no records were found for the name searched, or noting in the file the date that these searches were conducted.

If a designee finds that an applying or continuing parent or provider has been barred, the designee shall forward the information to the CCPO, and notify the applicant or participating party of the program prohibitions and consequent adverse action.

Part II: Providers	Section: 200
Title: Provider Eligibility	
Reference: 7 AAC 41.200	Revised: May 30, 2007

OVERVIEW: The State of Alaska reimburses child care providers serving children of eligible, low and moderate income families participating in the Child Care Assistance Program. Only eligible providers may be paid with public funds through the PASS I, II, and III Child Care Assistance Program.

ELIGIBLE START DATE: A provider application is considered submitted when the designee receives an application form with at least, the person's full name, address and signature. A provider is not considered "eligible," nor should any authorization be issued, until each requirement under the Child Care Assistance program is met.

The provider's eligibility start date coincides with the date he or she submits any remaining necessary documents. Upon receipt and review of all documents, the designee will determine eligibility and document in ICCIS the provider's eligibility start date which is the same date the provider submitted any remaining required documents.

ELIGIBLE PROVIDER TYPES: Providers who are eligible to participate in the Child Care Assistance Program include the following both licensed and legally exempt types:

- Child Care Facilities which possess a current license issued by the Department of Health and Social Services to operate in the state of Alaska
- Facilities possessing a current child care license issued by the Municipality of Anchorage
- Department of Defense and Coast Guard Certified
- Tribally Approved or Certified with standards that meet or exceed the State of Alaska's standards
- Nationally accredited or certified day camp or similar facility or program
- Approved provider
- Approved relative provider
- In-Home Provider

The following describes different types of Licensed Child Care facilities:

- Licensed Child Care Homes - usually in a private residence, where care is provided for no more than eight children, including children related to the provider.
- Licensed Child Care Group Homes - usually in a private residence, where care is provided for nine to 12 children, including children related to the provider.
- Licensed Child Care Centers - a facility where care is provided to 13 or more children.

Legally Exempt Child Care Providers: Child care providers who are otherwise exempt from licensure, and provide child care services to children whose families participate in the Child Care Assistance Program must be approved by the designee or the department prior to receiving payments through the program. There are three types of legally exempt providers:

- **Approved Child Care Providers** - the sole caregiver who provides child care services to eligible children in a private residence. An approved provider may care for no more than a total of five children under 12 years of age, including the provider's own children. No more than four children may be unrelated to the provider, and no more than two children may be under the age of 30 months. This type of child care provider may participate as approved under the CCA program for up to one year. The 1 year period runs twelve (12) consecutive months.
- **Approved Relative Child Care Provider** - the sole caregiver who provides child care services in a private residence only to eligible children who are their grandchildren, great-grandchildren, sibling (only if living in a separate residence), niece or nephew, great-niece or great-nephew. Approved relative providers may care for no more than a total of five children under 12 years of age, including the provider's own children. No more than two may be under the age of 30 months. This type of provider may be approved for participation in the program biennially. A new application is required once every two (2) years in order to continue to participate in the program.
- **In-Home Providers** - provide child care services in the child's own home. They are selected by an eligible family and care for eligible children residing in the child's home. An In-Home child care provider is considered an employee of the family within whose home he or she works. A provider may not simultaneously be both an employee of the resident parent and a legally exempt provider who is an independent contractor for non-resident parents.

In live-in situations, where the parent and provider reside in the same household, the status may be either in-home care or legally exempt (approved) care by an independent contractor regardless of who owns the home. If a provider wishes to be an independent contractor, the provider must become approved.

Example 1: A single parent and her two children live with Grandma. Grandma will only care for her two grandchildren. This could be either in-home care or an approved relative situation, depending on whether or not Grandma wants to be approved. If Grandma does not wish to become approved, then she must become an employee of the parent. This would be considered in-home care.

Example 2: Sophie, a single parent, and her toddler live in Palmer. Emma, a neighbor, would like to care for the toddler in the parent's home, but would also like to care for a couple more neighborhood children. Emma, in this case, must become an approved provider working out of Sophie's home. Therefore, all approved provider requirements must be met by Sophie's home and household members.

Refer to Part III of this manual titled "Family" Section 330 for detailed policy and procedure pertaining to in-home providers.

Part II: Providers	Section: 205
Title: Application Requirements	
Reference: 7 AAC 41.200	Revised:

To participate in the Child Care Assistance Program as either an Approved Provider, or an Approved Relative Provider, an applicant must submit required information in conjunction with the application form developed by the Child Care Program Office.

Required Information from the applicant includes the following:

- Name
- Social Security Number or EIN
- Mailing Address
- Physical Address
- Telephone Number
- Facsimile Number and Electronic Mail address, if any available
- Copy of Government-issued identification
- W-9 Form
- A completed and signed *Child Care Provider Rates and Responsibilities* form
- A signed and notarized *Release to Review Background Information* form for the applicant and each member of the applicant's household who is 16 years of age and older
- An *Interested Persons Report* (IPR) or printouts of criminal justice record issued by the Department of Public Safety within the last 90 days for the applicant and each individual residing in your home who is 18 years of age and older
- A copy of the completed *Disaster Preparedness and Emergency Evacuation Planner*
- A completed and signed *Approved Provider Health and Safety Requirements* form

Substitute Providers: If the applicant wants to use a substitute caregiver, the substitute must complete a separate application, sign a *Release to Review Background Information* form, submit an *Interested Person Report*, a copy of a government-issued identification, and verify that he/she has read, understands, and is capable of complying with the provider responsibilities under this program.

The applicant must acknowledge that he or she will only use substitute caregivers who are determined eligible by the CCPO or designee, and who have signed the *Child Care Provider Rates and Responsibilities* form.

A Substitute Provider is not allowed to provide care for more than 30 days in any 12-month period without prior CCPO or designee approval. The regular provider must track and identify dates on the billing forms, whenever a substitute is used. A designees under the Child Care Assistance Program may track this information electronically in the computer data base, or in the regular provider file.

A Substitute Provider may sub for various providers in other facilities; however, he or she must complete a separate application for each facility address where care is provided. The sub would

be able to provide care for 30 days or less at each separate facility where he or she is approved to substitute. The 30 days in any 12-month period would not extend beyond any regular provider's approval period, though.

Sex Offender Registry: As part of the approval process, the designee must review the Sex Offender Registration Central Registry compiled by the State of Alaska Department of Public Safety. This information may be reviewed on-line, and documented in the provider file, for the applicant, any substitutes, and all household members 18 years of age and older having regular contact with children. The Sex Offender Registry is available on-line at <http://www.dps.state.ak.us/nSorcr/asp/>

Designees will also need to review and document in the file the Excluded Parties List Service at <http://www.epls.gov/> and the List of Eligible Providers at <http://health.hss.state.ak.us/dpa/programs/ccare/>

For each of the above listed searches, include any maiden names, aliases for each relevant person in the provider's facility. Documentation within the file may include, but is not limited to, printouts of the one page summary from the EPLS, the List of Eligible Providers, and from the Sex Offender Registry. When a name on any of these search lists appears and there is any question about provider eligibility, consult the CCPO.

No State Trooper office: If a provider lives in a community that does not have a State Trooper's office, and has no other way to obtain the *Interested Persons Report* (IPR), the Child Care Program Office will work to obtain the IPR for that applicant and relevant household members, when provided with the appropriate *Release to Review Background Information* forms.

Part II: Providers	Section: 210
Title: Prohibited Offenses	
Reference: 7 AAC 41.205	Revised:

Child Care Assistance Program regulations require persons who have contact with children in care to be free from problems that may pose a risk to children.

An individual may not work, volunteer, or reside in the home where child care is provided or in any other part of the residence with an opportunity to access the part of the home where child care is provided if the individual:

- Is the alleged perpetrator of an incident of child abuse or neglect in which the Department of Health and Social Services found the evidence available substantiates the allegation, or the information available to the department demonstrates to the department the individual's inability to adequately provide care and supervision to children
- Was the subject of prior adverse licensing action
- Was, within the last 10 years, charged with, convicted of, found not guilty by reason of insanity for, or adjudicated as a delinquent for a misdemeanor crime of any of the following offenses:
 - Assault
 - Reckless endangerment
 - Misconduct involving a controlled substance
 - Perjury
- Was, at any time, charged with, convicted of, found not guilty by reason of insanity for, or adjudicated as a delinquent for, any of the following offenses:
 - An offense against the family and vulnerable adults
 - Perjury under AS 11.56.200
 - A serious offense defined under AS 12.62.900
 - An offense defined under AS 47.05.310(c)

An individual who is in contact with children in care may be required to submit an evaluation from a probation officer or health care professional attesting that the person would not pose a significant risk to the health, safety, or welfare of any child in care.

Exclusions: Persons who have incidental contact with children in care within the facility are not included under this policy. These persons may include, but are not limited to, the following:

- A parent of a child in care, unless he/she is a caregiver or member of the provider's household
- A designee, other than the caregiver, who drops off or picks up a child in care
- Support people who provide services to a child less than five (5) hours a week, such as an infant learning teacher, or attendant to a child with special needs; a licenser, fire marshal, or food services sponsor

- Delivery service people
- Installation, maintenance and repair people for less than two (2) weeks
- A person with ownership or management interest in the facility who occasionally visits or inspects
- A person who remains or intends to remain in the child care residence for less than 45 days in any 12 month period. (If 45 days or more, the person is considered a member of the provider's household.)

A person is considered to reside within the child care facility if he or she dwells continuously in, or legally occupies, the premises as evidenced by the individual's address on the permanent fund dividend, driver's license, fishing license, hunting license, or other official record.

Part II: Providers	Section: 215
Title: Provider Responsibilities	
Reference: 7 AAC 41.200 & 7AAC 41.210	Revised:

The CCPO or designees will have on file a signed Rates and Responsibilities form for each child care provider participating in Child Care Assistance Program. The provider's responsibilities include, but are not limited to, those described below.

Emergency Information: Prior to, or in conjunction with, admitting a child into care, a provider must attain emergency information from the child's parent regarding any drug or other allergies; medications or treatments the child may need; emergency contact information for the child's parent and at least one other local contact person; signed permission from the parent for emergency transport, care and treatment; and the parent's preferred hospital and doctor.

Records: The provider must maintain a record of this emergency information on a form prescribed or approved by the department, and is required to review and update it semi-annually, or more often if the parent supplies new information. Administrators and providers may obtain Emergency Information forms from the Child Care Program Office.

A provider is also responsible for the following:

- Offering a participating family any discount rate offered to non-program families
- Providing written notice of any rate increase to the CCPO, designees, and participating families at least 30 days prior to the actual increase
- Having a valid authorization before billing for child care services
- Immediately notifying the Department of Health and Social Services, Office of Children's Services, and/or the Child Care Licensing Division regarding any abuse, harm or serious risk of harm to children in care
- Notifying the CCPO or designee, and participating families, in writing at least 14 days before discontinuing child care services
- Notifying the CCPO or designee of any closures of more than 5 days
- Using (non-emergency) substitute caregivers who are determined eligible by the CCPO or designee, and who have signed the Rates and Responsibilities form
- Ensuring that a substitute caregiver will not provide care for more than 30 days in any 12-month period without prior CCPO or designee approval
- Continuously maintaining the Health and Safety Requirements for participation in the Child Care Assistance Program
- Continuously maintaining a State of Alaska Business License
- Complying with all applicable state and federal regulations

Part II: Providers	Section: 220
Title: Health & Safety Requirements	
Reference: 7 AAC 41.215 and .220	Revised:

HEALTH AND SAFETY REQUIREMENTS FOR APPROVED PROVIDERS:

A provider must meet health and safety requirements to be approved for participation in the Child Care Assistance Program. An orientation with administrators to review the provider rates, responsibilities, health, and safety requirements is encouraged, but not required. Administrators may also refer providers to various on-line sources for general health, safety or emergency preparedness information including www.72hours.org and the American Red Cross.

To participate in the program, a provider must demonstrate the following:

1. Be at least 18 years of age
2. Be able to prevent exposure of children to high risk, including exposure to physical hazards and encounters with persons or animals posing a possible danger
3. Provide care for no more than a total of five children under 13 years of age, including the provider's own children under 12 years of age. Of those five children, no more than two may be under the age of 30 months. For an approved relative provider, all children must be related to the provider. (Each child, whether present or not, is counted toward the maximum allowed until that child no longer receives care from the provider.)
4. Certify that the provider and each resident or worker in the facility is not prohibited from providing care under 7 AAC 41.205
5. Provide satisfactory evidence of compliance with these requirements
6. Ensure that any person in contact with children in care is responsible and exercises sound judgment, does not abuse a child or engage in an exploitive or sexual act with a child, and is free of any physical, behavioral, or domestic violence problem that would pose a significant risk to the health, safety, or welfare of children in care
7. Provide a parent with access to the parent's child whenever the child is in care.
8. Directly provide care and supervision of children except in an emergency when an identified substitute provider of good reputation and character may provide care for part of a day, or when using a substitute provider who is also approved as a participating provider
9. Provide supervision of all children in the provider's care appropriate to each child's age and developmental needs and adequate to prevent injury.
10. Maintain attendance records that reflect the dates and time children are in care
11. Provide daily activities to promote a child's individual physical, social, intellectual, and emotional development that includes time for meals, snacks, sleep, toileting, and indoor and outdoor exercise according to individual need
12. Ensure that children in care are not subject to corporal punishment. Corporal punishment means the infliction of bodily pain as a penalty for a disapproved behavior; it includes shaking, spanking, delivering a blow with a part of the body or an object, slapping, punching, pulling, or any other action that seeks to induce pain.

13. Administer medication to a child in the provider's care only with the written permission of the child's parent
14. Keep emergency information on each child and contact the child's parent in case of illness or injury; and report immediately to the CCPO or designee the death, serious injury or illness of a child which requires outside medical personnel; fire or other emergency situations affecting the child care facility
15. Obtain first aid and cardiopulmonary resuscitation (CPR) certification within 6 months of being approved, unless the certification is not available within 60 road miles of the provider. If that is the case, the provider would need to receive instruction through training videos or other material, and pass the first available course offered within 60 road miles.
16. Take precautions against the spread of infectious disease by washing the provider's hands before food handling, preparation, serving, eating, or table setting; after toileting and assisting a child with toileting or diapering; after handling an animal, animal waste, or an animal cage; before and after giving medication or participating in moist play such as painting, cooking or molding clay; and whenever hands are contaminated with bodily fluids including nose wiping; encouraging children to wash their hands at similar times; and ensuring that children in the provider's care have all immunizations required.
17. Provide sufficient nutrition so that a child is fed nutritious meals and snacks according to individual need; an infant is fed on demand; and except for medical reasons, a child is not denied a meal or snack, force fed, or otherwise coerced to eat against the child's will.

Environmental Health and Safety Requirements: In addition, an approved provider, whether relative or non-relative, must meet the following requirements:

1. Submit a copy of a disaster preparedness and emergency evacuation plan that ensures the complete evacuation to children, including children of limited mobility, within 150 seconds during an emergency
2. Conduct and document emergency evacuation drills at least once a month, unless postponed due to severe weather
3. Ensure that the provider's child care facility has at least two means of emergency escape that are remote from each other and that provide unobstructed access to the outside of the building; at least one means of emergency escape must be an exterior door
4. Have at least one AC primary power or monitored battery powered smoke detection device and at least one fully charged 2A:10BC dry chemical fire extinguisher strategically located on each level
5. If heating or cooking with oil, wood, natural gas or propane, install an operating carbon monoxide detector in each hallway outside of, or within, each sleeping area, and regularly inspect, test and service such. If in a multi-level facility, at least one operating carbon monoxide device must be installed on each level
6. Have an ample supply of safe, drinkable water in the provider's child care home
7. Maintain a functional telephone or other identified means of communication
8. Maintain a smoke-free, drug-free, and alcohol-free home and vehicle environment. (In accordance with AS 10.10.85, smoke-free means that smoking accessories (ash trays, lighters, etc) are not visible or accessible to children and no smell of smoke from cigars or other smoking products is evident in the home or vehicle.)

9. Transport children in safe vehicles using appropriate child restraints
10. Ensure the provider's child care home is free of fire hazards
11. Take the necessary precautions to make the provider's child care home free of hazards that can cause injury or disease to children both inside and outside the building keeping the child care facility in a clean, safe and sanitary condition
12. Maintain sanitary areas for proper care, storage, refrigeration, and preparation of food, ensuring that food is not adulterated, and wash fruits and vegetables with potable water before use
13. Installing and maintaining hot water temperature controls so that hot water delivered to plumbing fixtures accessible to children is not more than 120 degrees Fahrenheit;
14. Storing cleaners, medicines, and other harmful substances in a place inaccessible to children
15. Obtaining furniture and play equipment that is durable, safe, easy to clean, and that is kept clean and in good repair;
16. Convey, store and dispose of solid waste to minimize odor, and avoid attracting or harboring pests
17. Install and use safety gates to prevent access to stairs for infants and toddlers
18. Install electrical outlet covers that are accessible to children under age five
19. Maintain clean and sanitary toileting facilities
20. Having safe and sanitary equipment and supplies for diapering and toileting infants and toddlers, including accessibility for hand washing.
21. Ensure that firearms in the provider's child care home are unloaded and stored in a locked gun safe or other locked place inaccessible, and not visible, to children. Ammunition must be stored separately from the firearms in a place that is inaccessible to children and the provider must tell each parent that firearms are present in the facility.

The provider must cooperate with local designee staff, child care licensing representatives, DPA staff and food services program staff or their representatives for purposes of investigations relating to determining the provider's compliance with these requirements.

The provider is responsible to provide satisfactory evidence of compliance with these health and safety requirements, if requested.

Part II: Providers	Section: 225
Title: Program Rates	
Reference: 7 AAC 41.025	Revised:

PROGRAM RATES are established under the Child Care Assistance Program Rate Schedule to ensure eligible families have equal access to child care services comparable to care provided for families not eligible to receive Child Care Assistance subsidies. Rates are set out by type of facility, category of care and geographic area.

Rates are established based on information obtained by the department through a statewide market survey of a full range of child care providers: centers, homes, group homes, and in-home child care. Rates for geographic areas are a percentile of the rates of a representative sample of child care providers in that geographic area or a similar one.

The CCPO may adjust the rates to expand capacity for child care, address market imperfections, or address a shortage of available care such as for infants or parents working non-traditional hours.

Categories of Care are differentiated by the child's age group and whether care is provided on an attendance or enrollment basis. The categories of care include Infant, Toddler, Pre-school Age, and School-Age children.

Rate types include full-time and part-time monthly enrollment, as well as full-time, part-time, and hourly attendance.

Monthly Maximum: The maximum payment during a month is equal to the full-time monthly enrollment rate plus the part-time monthly enrollment rate for the category of care and type of facility the child is in. If the child is in two different types of facilities, the facility where the child spends the most time in care applies.

In-Home Care: The program rate for an approved in-home caregiver is the same as the rate for an approved provider under the Child Care Assistance Program.

Special Needs Supplement: A child under 13 years of age may qualify for supplemental program rates through the Alaska Inclusive Child Care Program (Alaska IN!) These supplemental rates are set at 25%, 50%, 75% and 100% of, and paid in addition to, the current established rate for the category of care and type of facility and the region the child is in. (e.g.: Toddler in Licensed Home in Fairbanks.) See Section 350: Special Needs Supplement for further details.

Part II: Providers	Section: 235
Title: Authorizations	
Reference: 7 AAC 41.035 & 7 AAC 41.040	Revised: May 30, 2007

CHILD CARE AUTHORIZATIONS: The child care authorization is a written to both the eligible parent and the provider that child care will be paid by the state, according to the conditions on the authorization.

The Child Care Authorization:

- Identifies the children for whom child care is authorized
- Identifies the provider selected by the family
- Describes the child care authorized, including each category of care, based on the expected participation by each parent in an eligible activity
- States the anticipated eligible cost of care including the family contribution and maximum benefit amount to be paid
- States the period of time for which the authorization is effective

AUTHORIZATION ISSUANCE: Designees have discretion in the areas of which type of authorization to use (enrollment or attendance), the units of care assigned (full-time month, part-time month, full-time days, part-time days or hourly) and the length of the authorization. The amount of care authorized is based on the parent's schedule of eligible activities combined with their child care needs. When preparing authorizations, consideration should be given to school holidays, ending dates of eligible activities, need for travel and or sleep time, knowledge of the parent's history of program use and other relevant factors. Prudent judgment should be used and decisions must be thoroughly documented in ICCIS.

When a family has been found eligible to participate in the program, the designee will issue a written child care authorization to the family, and to the family's selected provider. The authorizations may be faxed, sent electronically, or mailed. Authorizations may only be written to providers who are eligible to participate in the Child Care Assistance Program.

EFFECTIVE DATES: Authorizations are effective only for the dates specified and may not exceed six months. Authorizations usually begin on the first day of a month and end on the last day of a month except when the parent's schedule of eligible activities or the date it is issued prevents it. Effective dates should not overlap, except when using a secondary provider, and an explanation of any overlap should be noted in the ICCIS case notes.

PASS II Authorizations may be issued retroactively to the PASS II start date, as long as the provider selected by the family is qualified and approved for participation in the Child Care Assistance Program. However, any retroactive authorization over 60 days needs the written approval of the Child Care Program Office.

The family's renewal date is not to be included on the authorization due to confidentiality.

UNITS of CARE are full-time month, part-time month, full-time day, part-time day, or hourly.

Full-time month = 17 days or more

Part-time month = 17 or more part-time days in a month or one-half month of full-time days

Full-time day = more than five (5) but not more than ten (10) hours of care in a day.

Part-time day = up to and including five (5) hours of care in a day.

Hourly = care by the hour

Hourly units are only authorized when the parent's schedule of eligible activities requires more than 10 hours of care per day, or when only 1 or 2 hours of care is needed, such as when a parent is involved in seeking work.

ENROLLMENT AUTHORIZATIONS: An enrollment authorization is an assurance to both the family and the provider that child care will be paid by the state at the specified rate and time period shown on the authorization, whether the child is in attendance or not as long as the child attended at least one day during the month. Enrollment authorizations may be issued on a full-time or part-time monthly basis.

Full-time monthly enrollment authorizations must be issued when the parent has been participating in an eligible activity four or five days a week on a consistent basis and the child needs care for that time.

Part-time monthly enrollment authorizations must be issued when the parent has been consistently participating in an eligible activity for 17 or more part-time days in a month or one-half month of full-time days and the child needs care for that time.

Enrollment authorizations should not be issued for schedules that are inconsistent or sporadic, for parents participating in seek work activities, or for parents whose participation in eligible activities has been unreliable.

Payment for enrollment authorizations: The designee will verify child care costs based on the monthly enrollment rate; however, an attendance rate may apply if the family becomes ineligible for participation during the month, or if the family leaves their provider during the month and a written 14-day notice was given, received or mutually waived.

No payment will be made to a provider for a month during which the child never attended. If a child received care for 5 or fewer days during a month, the designee will contact the parent to determine continued child care needs. If it is determined that the child care needs have changed in a way to warrant an attendance authorization, the authorization should be changed to attendance at the beginning of the month following the new determination. A new authorization must be sent.

ATTENDANCE AUTHORIZATIONS: An attendance authorization is an assurance to both the family and the provider that child care will be paid by the state, according to the rate schedule, for the days and hours indicated on the authorization when the child is in attendance.

An attendance authorization should be used for these or other scenarios, as determined by the designee. Justification must be clearly documented in ICCIS case notes.

- When the parent has an erratic schedule of eligible activities
- When the parent's participation in eligible activities has been unreliable
- When the parent is participating in seek work activities

Attendance authorizations should specify the number of units being authorized. If the parent's schedule is variable or unpredictable, an estimated number of units can be used, and variables can be noted on the authorization to clarify the extent of coverage being authorized. Attendance authorizations for more than 16 days of care should include a statement such as: "Payment will be made for authorized days the child is in attendance, not to exceed the monthly (full-time or part-time) enrollment rate." Units of care may be combined on one attendance authorization.

Payment for attendance authorization: The designee will verify child care costs based on the attendance rates published in the Child Care Assistance Program Rate Schedule and the child's actual attendance during the month. In some cases, the parents' schedule of eligible activities may need to be reviewed to verify child care needs.

If a child's actual attendance is 17 or more days during a month, an attendance authorization will be paid based on the monthly enrollment rate. Any care provided beyond the five-day-a-week schedule will be paid at the daily rate.

Example 1: Parent works a regular schedule of three full-time days and three part-time days per week. A full-time enrollment authorization should be issued since the parent's schedule consistently requires the equivalent of 4.5 days/week.

Example 2: Parent works approximately 35 hours per month. The schedule is erratic and variable. The parent may work one full-time day in the first week, two part-time days per week for the next two weeks and two full-time days in the last week of the month. An attendance authorization should be issued for this family.

Example 3: If a parent who has a consistent, reliable work history is in a full-time training program that ends in the middle of a month, the authorization for that month should end on the last day of the training and be a part-time monthly enrollment authorization.

Example 4: A parent begins a new full time job, but has a history of sporadic or unreliable work hours and activities. An attendance authorization may be warranted, and

the designee should add a note in the comments section of the Authorization stating: "Not to exceed the monthly full-time enrollment rate."

AUTHORIZATIONS FOR SCHOOL AGE CHILDREN: Care shall not be authorized for a child enrolled in a private, public, or home school for hours when the child is in school. A school-age child who has a part-time enrollment authorization may need full-time care for in-service days and school holidays. In these cases, a note should be made in the authorization variables stating that full-time care will be paid for in-service days and school holidays. The additional payment for a full-time day is the difference between the part-time day and full-time day rate.

If a child is age 5 or 6 and eligible to attend school or kindergarten in his/her local school district, child care shall not be authorized to an approved provider during the time that child could be attending school or kindergarten. However, child care could be authorized for children up to the age of 7 during school or kindergarten hours if the child attended a licensed facility or private kindergarten run by a fully licensed facility.

MULTIPLE AUTHORIZATIONS can be issued if a family needs or wants to use more than one provider in a month.

Families may need more than one provider under these or other scenarios:

- The schedule of eligible activities extends beyond normal child care hours.
- The child care provider cannot provide care due to illness or facility closure.
- The child is ill and cannot be cared for at the regular child care facility or cannot attend school.
- The provider does not have room for the child during all the time periods needed.

Typically, the authorized care should not overlap. However, if care cannot be provided due to a facility closure or illness and an enrollment authorization has been issued to a primary provider, payment for care may overlap. Each authorization must clearly indicate whether that provider is the primary or secondary provider.

Payment for multiple authorizations: The maximum monthly payment amount (full-time enrollment plus part-time enrollment) cannot be exceeded. The primary provider should be authorized their maximum rate; the secondary provider's amount cannot exceed the difference between the primary provider's payment and the state maximum.

Facility Closures: If a provider temporarily closes their facility for 5 or fewer days in a month and a parent whose child attends that facility asks the designee for an authorization for another provider for the closure days, the designee should issue an attendance authorization to the second provider and the first provider's authorization as is, whether it is attendance or enrollment.

If a provider temporarily closes their facility for more than 5 days in a month, the designee should change enrollment authorizations to attendance or part-time monthly enrollment authorizations, as appropriate. If the parent asks for a secondary authorization,

the designee should issue an attendance or part-time enrollment authorization, as appropriate, to a secondary provider.

SLEEP AND TRAVEL TIME: Designees may authorize child care for either sleep and travel time as follows:

Sleep Time: Care may be authorized for up to eight hours before or after a parent works a night shift, if necessary for a parent to participate in a work activity. Night shift is defined as employment requiring a minimum of six work and travel hours between the hours of 8:00 pm and 6:00 am.

Travel Time: Care may be authorized for travel time between a parent's eligible activity and their participating provider. Authorizations are limited to a maximum travel time of one-half hour before and one-half hour after an eligible activity. However, if the parent travels more than 30 miles from the provider or uses public transportation the designee may authorize a maximum travel time up to one hour before and one hour after an eligible activity.

In no case will care be authorized for travel between the family's place of residence and the participating provider.

AUTHORIZATION CHANGES: When an existing authorization needs to be changed, an authorization should be reissued through ICCIS.

- If a change in the family's co-pay is reflected on the reissued authorization the designee will send the appropriate notice.
- Reissued authorizations become effective the date the change occurred if timely notice is provided.
- The reissued authorization cannot be written to extend the initial authorization's expiration date.
- The designee will ensure that all parties involved with the original authorization are notified of any reissued authorization in a timely manner.
- If the family's care needs change due to increased hours in their eligible activity and a supplemental payment is required, the designee may reissue the authorization.

Parent Child Care Assistance Changes: Reissued authorizations changing the amount of parent child care assistance due to an error or omission in the income review are effective the first day of the following month, if timely notification is provided in the case of an adverse action.

Example: The designee in Valdez issues a 6 month authorization from January – June. The family alerts the designee of a change in income on March 10 which adversely affects the family's child care assistance amount. The designee reissues an authorization, reflecting the change in child care assistance amount for the months of April, May and June and issues a notice of a change a changed co-pay amount to the family.

TERMINATION OF SERVICES: An authorization expiration date indicates termination of authorized care services for a particular provider and the family. If either a participating family or participating provider chooses to terminate services prior to the expiration date of an authorization a 14 day written advance notice is required. The party initiating the termination must notify the other party and the designee. The designee must document this notice in ICCIS in the family or facility case notes.

Part II: Providers	Section: 240
Title: Provider Charges, Billing & Payment	
Reference: 7 AAC 41.245, 250 & 345	Revised: July 9, 2007

PROVIDER CHARGES: Providers must submit a copy of their current rates and hours of operation to the CCPO or designee prior to beginning participation in the Child Care Assistance Program. They must submit the Provider Rates and Responsibilities form. Providers must also report all other routine charges such as registration fees, and any discounts offered.

Each participating provider must ensure that any rate charged to a participating family is not higher than rates charged to non-participating families in the Child Care Assistance Program, and that any discounts are offered to all families who similarly qualify.

If a provider does not have a rate for a specific category, they are not required to create one to accommodate the Child Care Assistance Program. If the provider bills for a category in which they have not submitted a rate, the ICCIS will default to the state rate for that category of care.

Rate Changes: Providers are responsible to provide written notice to the local designee and each participating family at least 30 days prior to the effective date of any rate increase. If less than 30 days notice is given, the provider must use their previously published rates for that month.

Example: The provider submits the rate sheet on October 8, 30 days would be November 8; however, the rate does not go into effect until December 1 and would be reflected on the warrant issued in January.

Increases/Decreases: Designees may require rate changes to begin on the first day of a month. In the case of a rate increase, this policy would require the rate change to begin on the first day of the month following the expiration of the 30-day notice. In the case of a rate decrease, the rates will become effective immediately.

BILLING STATEMENTS: To receive payments through the Child Care Assistance Program on behalf of eligible families, participating providers must submit complete monthly billing statements and any corrections to the department or designee according to the timeframe shown below:

- For the first ten months of the state fiscal year (July through April), no later than the last day of the third month following the month in which charges occurred
- For the last two months of the state fiscal year (May and June), no later than 31 days after the end of the state fiscal year

Any billing statement or correction submitted later than the applicable timeframe will not be paid. Certain exceptions may be made only for PASS I or when transitioning to PASS II.

Example: A billing statement, or correction, for charges incurred in the month of January must be submitted no later than April 30. A billing statement submitted for charges which were incurred in May or June, however, must be submitted no later than July 31.

Original and Electronic Signature: Providers must complete billing reports legibly, in ink or typed. Any corrections must be initialed. Faxed copies or electronic submission of billing reports is acceptable. However, an original, signed billing report must be available, upon request, for review or audit purposes. The designee or CCPO is required to keep on file at least one billing report with the provider's original signature for each fiscal year.

Billing Report Review Process: The Designee reviews monthly provider billing reports prior to verification. If an error of more than \$1.00 is discovered, or any part of the billing statement is altered/corrected the designee shall sign, date and make a copy of the billing report. That copy of the corrected billing report and the rights for an administrative review form must be mailed to the provider.

Providers set their rates and must bill according to their currently published rates as submitted on the Rates and Responsibilities form. State will reimburse based on the lesser of the provider rates and submitted billing, or the Child Care Assistance Program's established rate schedule.

SUPPLEMENTAL PAYMENTS OVER \$150.00: Designees may authorize a supplemental payment up to and including \$150.00. Only the CCPO may authorize and make a supplemental payment over \$150.00. Designees will not be able to verify multiple supplemental payments on an individual child that when added together equal more than \$150.00.

If designated staff process a billing and determine it to have a supplemental payment that exceeds the \$150.00 limit, staff should work and verify the billing except for the child for whom the supplement is requested. Send an email request to the CCPO with the subject heading of "Supplemental payment request." The email should include the supplemental amount needed, the particular child's name, the reason for the additional increase and the ICCIS facility ID number. If approved the CCPO will add the supplemental amount to the payment, verify the payment for the child and reply to the designee's email that the supplemental payment was approved and the payment was processed. Designees and staff will not be able to verify another supplement in a given month when the CCPO has already processed one over \$150.00 for an individual child to a particular provider. Upon initial review, if the designee's request is denied, more information can be provided by the designee to further support the request.

PAYMENT FOR ENROLLMENT AUTHORIZATIONS is based on the monthly enrollment rate as established in the current program rate schedule or the provider's monthly enrollment rate, whichever is less. However, enrollment authorizations may be paid on an attendance basis when a participating family leaves a provider with proper notice or mutual waiver of proper notice, or when a participating family becomes immediately ineligible.

Also, an enrollment authorization may revert to attendance the following month if the child is in attendance 5 days or less. The designee makes the determination after contacting the family to verify care needs. The determination must be documented in ICCIS case notes. If determined to

revert to an attendance authorization a timely notice must be sent by the designee and a new authorization issued.

Example 1: Morris had a fulltime enrollment authorization at Sunnybrook Child Care. He went there on July 2, 5 and 6 because his grandmother came to visit and took care of him during the rest of the month. Morris's parents told the child care designee and the provider of this change on July 9.

Since parental notification occurred early in the month, and within the required 7 days of change, the designee would have enough time to issue a 10-day notice of adverse action for August. The designee would pay the July authorization based on enrollment, unless the provider only billed for 3 days of attendance. The designee would also amend the authorization changing the August child care to attendance.

Example 2: Johnny had a fulltime enrollment authorization at Sunnybrook Child Care. He went there on July 2, 5 and 6 because his grandmother came to visit and took care of him during the rest of the month. Johnny's parents never told the child care designee of this change.

Because there was no parental notification, the designee would pay the July authorization based on enrollment, unless the provider only billed for 3 days of attendance. The designee would contact Johnny's parents and inquire why Johnny was in care for only 3 days in the month and whether the situation will continue into future months. The family tells the designee that July's care was a fluke and will not continue so there would be no need for the designee to amend the authorization changing September's child care to attendance.

PAYMENT FOR ATTENDANCE AUTHORIZATIONS is based on the appropriate authorized attendance rate as established in the current program rate schedule or the provider's attendance rate, whichever is less.

PAYMENT of PROGRAM BENEFITS: After deducting a family's co-payment, the department or designee shall pay the balance of the cost of child care to a participating provider on behalf of the participating family for child care provided up to the program rate set by the department.

Registration Fees: Providers may also charge a registration fee to families participating in PASS I, II or III programs. However, CCAP will only pay a registration fee when requested on the submitted billing. The amount paid for a single registration fee may not exceed \$50, and only one registration fee per child, per provider, per program per calendar year shall be paid. Designees need to track the registration fee payments using spreadsheets and ICCIS Alerts.

Registration fees may only be paid to licensed child care facilities, providers who are certified or approved by the United States Department of Defense or the United States Coast Guard or a tribal entity whose provider standards meet or exceed the standards of the Department of Health and Social Services.

In-Service Rate: A school-age child who has a part-time enrollment authorization may need full-time care for in-service days and school holidays. In these cases, the rate is equivalent to paying the difference between the daily part-time rate and daily full-time rate.

Example 1: In September Kade is a school age child who attends ASD. He has a P/T monthly enrollment contract and school in-service and holidays covered at F/T on his authorization to Ms. Cindy's House; an Approved Provider. When Ms. Cindy submits her September PASS II/III monthly billing to the CCPO she bills the State of Alaska for \$258.00, to cover the P/T enrollment plus an extra \$11.00 a day for the school in-services on 9/1 & 9/4. The \$11.00 extra is the difference between a full time and a part time day for an Approved Provider. The same applies for Christmas break and Spring break.

OFFICE OF CHILDREN'S SERVICES: If the Office of Children's Services (OCS) funds child care for a family, OCS requires that only licensed providers be authorized for these child care services.

Part II: Providers	Section: 245
Title: Provider Records	
Reference: 7 AAC 41.255	Revised:

PROVIDER RECORDS: For purposes of the Child Care Assistance Program, all providers except for In-Home care-givers which are kept by the family must keep records for at least three (3) years. The provider must make any records available for inspection during normal business hours upon request from the Department of Health and Social Services or a designee acting upon their behalf.

Required records for providers include, but are not limited to, the following items:

- Each license or permit required for operation
- Copies of Rates and Responsibilities forms
- Monthly Billing Statements
- Daily Attendance Records that reflect the actual times and dates when children are in care

Monitoring and review of provider records may be conducted either on-site or through desk audits.

For federal IRS tax audits, or other business purposes, the provider must retain records for a minimum of seven (7) years. As a business person, the provider is expected to comply with and maintain all appropriate state and federal requirements, as well as the requirements for the Child Care Assistance PASS programs.

Part II: Providers	Section: 250
Title: Emergency Suspension & List of Eligible Providers	
Reference: 7 AAC 41.430 & 7 AAC 41.445	Revised: May 30, 2007

EMERGENCY SUSPENSION: In the event the CCPO or designee determines that a provider's continuation in the program would result in imminent threat to the health, safety, or welfare of a child in care, the department will send the provider a notice of emergency suspension.

If the provider in question operates a licensed facility, the Child Care Licensing unit will issue an oral or written emergency suspension notice and follow-up with a written report within 14 days. If the provider is approved, however, the Child Care Program Office may work in conjunction with the local Child Care Licensing office or designee to address the situation.

Timeframe: The emergency suspension is effective immediately, and extends for a period necessary to allow the department time to investigate and reach a final decision.

While under emergency suspension, the provider is not allowed to bill for any services rendered on behalf of families in the Child Care Assistance Program.

LIST of ELIGIBLE PROVIDERS: The Child Care Program Office maintains a list of current licensed and approved providers who are eligible to participate in the PASS I, II, and III programs. The list may also be viewed on-line at <http://www.hss.state.ak.us/dpa/programs/ccare/>

When under suspension, an approved or licensed provider will be removed from the List of Eligible Providers maintained within the Child Care Program Office. The provider's name may be reinstated on this list only after the suspension period ends, and if the provider continues to meet all program requirements.

Part II: Providers	Section: 255
Title: Facility Closure	
Reference: CCPO	Revised:

FACILITY CLOSURE: A participating provider that either permanently or temporarily (for more than 5 days in a month) closes a facility must provide at least 14 days written advance notice to participating families and to administrators before the actual closing of the facility.

- Providers do not need to notify the local Child Care Assistance Program of temporary facility closures of 5 or fewer days in a month.

If a provider temporarily closes their facility for 5 or fewer days in a month and a parent whose child attends that facility asks the designee for an authorization for another provider for the closure days, the designee should issue an attendance authorization to the second provider and keep the first provider's authorization as is, whether it is attendance or enrollment.

If a provider temporarily closes their facility for more than 5 days in a month, the designee should change enrollment authorizations to attendance or part-time monthly enrollment authorizations, as appropriate. If the parent asks for a secondary authorization, the designee should issue an attendance or part-time enrollment authorization, as appropriate, to a secondary provider.

Part II: Providers	Section: 260
Title: Provider Changes & Stop Payments	
Reference: CCPO	Revised:

Change in Provider EIN or SSN: All providers (except in-home providers) receiving payments or child care assistance will have a unique Provider Vendor Number (PVN). The vendor number allows AKSAS to authorize a payment. When a payment is made, the vendor number and payment will reference, or be directed to, either an individual's Social Security Number (SSN) or an Employer Identification Number (EIN).

If an individual or business wishes to change the payment reference from their SSN to an EIN, the provider must submit either an IRS statement of the new EIN or a W-9 form to CCPO or designee. If submitted to the designee, the designee shall proceed as outlined below depending upon the type of provider. The designee shall document in ICCIS each change.

1. In-Home Provider
 - In ICCIS, add the new EIN number to the application screen in the provider module.
 - No information needs to be forwarded to the CCPO, as payments already reference the parent's SSN or EIN in ICCIS
2. Approved Providers/Approved Relative Providers/Licensed Providers:
 - Add the new EIN number to the application screen in ICCIS.
 - E-mail CCPO@alaska.gov using subject line "ICCIS EIN Change." Include the facility number, provider name and new EIN number.
 - Fax a copy of the IRS statement of new EIN number or a W-9 form to CCPO Administrative Support Unit: 269-1064.

Change in Provider Name: If a provider's individual name (not the facility name) changes due to marriage, divorce or choice, the designee shall proceed as outlined below depending upon the type of provider.

1. In-Home Provider
 - Make necessary changes in ICCIS to both the family and provider module.
 - No information needs to be forwarded to the CCPO.
2. Approved or Approved Relative Provider
 - Make necessary changes in ICCIS.
 - E-mail CCPO@alaska.gov using subject line "ICCIS Name Change." Include facility number, plus the old and new name for the provider.
 - Fax a copy of the legal document (marriage certificate, divorce paper, etc) showing the name change to CCPO Administrative Support Unit: 269-1064.
 - The CCPO will forward to appropriate staff to synchronize AKSAS and ICCIS with the updated information.

- If ICCIS files indicate the provider has also applied for licensure, e-mail the appropriate Licensing Specialist informing him or her of the change.
3. Licensed Provider (Licensing Staff Only)
 - Licensing Staff will follow the same procedures designees do, as listed above.

Change in Provider Mailing Address: If a provider's mailing address changes, the designee shall proceed as outlined below depending upon the type of provider.

1. In-Home Provider
 - Make necessary changes in ICCIS to both the family and provider module.
 - No information needs to be forwarded to the CCPO.
 - Provider Vendor Number (PVN) will be automatically assigned to an In-Home provider when the payments are run.
2. Approved or Approved Relative Provider
 - Make necessary changes in ICCIS.
 - E-mail CCPO@alaska.gov using subject line "ICCIS Facility Mailing Address Change."
 - The CCPO will forward to appropriate staff to synchronize AKSAS and ICCIS with the updated information.
 - Physical address changes do not need to be forwarded to the CCPO unless it also affects the mailing address.
 - If ICCIS files indicate the provider has also applied for licensure, e-mail the appropriate Licensing Specialist informing him or her of the change.
3. Licensed Provider (Licensing Staff Only)
 - Licensing Staff will follow the same procedures designees do, as listed above.

STOP PAYMENT PROCESS: If a provider or parent requests a Stop Payment;

- The designee shall inform the provider or parent that Stop Payments will not be issued for a minimum of 10 business days after the original warrant was mailed.
- If the provider or parent locates the original warrant, he or she must immediately mark it void and mail the warrant to the CCPO.
- The designee will contact the CCPO to obtain the proper warrant number and warrant issue (mailing) date through the State of Alaska Accounting System (AKSAS).
- In conjunction with the CCPO, the designee will re-verify the provider or parent's address in ICCIS and in AKSAS.
- The designee will fax (269-1064) a copy of the billing and completed the Stop Payment request to the Accounting Technician at the Child Care Program Office.
- After a Stop Payment is posted in AKSAS, CCPO will notify the designee by email.
- In order to reissue the payment the designee will verify the stop payment in ICCIS, then complete the verification process in ICCIS and enter "Reissue" in the supplemental reason field.

Part III: Families	Section: 300
Title: Eligibility	
Reference: 7 AAC 41.305-312, 350, 360 & 365	Revised: May 30, 2007

ELIGIBLE FAMILIES: A family's eligibility for participation in the Child Care Assistance Program is dependent upon meeting both financial and non-financial eligibility criteria. A family may be eligible for child care assistance if they meet income guidelines and if each parent in the family is engaged in an eligible activity. Exceptions to this policy are described later in Section 300 under "Absence or Incapacity within a Two-Parent Family."

ELIGIBLE CHILDREN: Children in an eligible family may participate in the program if they fall into one of the following categories:

- Infant: A child from birth through 18 months of age.
- Toddler: A child 19 months of age through 36 months of age.
- Preschool Age: A child 37 months of age through 6 years of age.
- School Age: A child 7 years of age through 12 years of age.
- A child 13 - 18 years of age may participate, if the child has a developmental disability as verified in writing by a physician or certified psychologist.
- For PASS I, children age 13 - 18 who require court-ordered adult-supervision with beginning and ending dates for the required supervision

A child is not eligible for child care assistance during the time he or she is eligible to attend school or kindergarten, according to the local school district, unless he or she is 5 or 6 years old and is attending a licensed child care facility.

Example: Mara is age 5 and eligible to attend a kindergarten program that operates from Monday-Friday, 9:00-11:30 AM in her local school district. Her parents chose not to send her to the kindergarten. Instead, Mara goes to her Aunt Jennifer, who is an approved provider caring for children Monday-Thursday. On Friday, when Mara goes to a licensed facility her child care assistance authorization will include the 9:00-11:30 AM kindergarten scheduled time.

CITIZENSHIP and ALIEN STATUS: Children for whom child care assistance is sought must meet citizenship criteria prior to being found eligible for coverage. Each child for whom assistance is sought must be a citizen or national of the United States or a qualified alien. In addition, an applicant must complete a written declaration of citizenship or alien status for each child for whom assistance is sought. This declaration is contained in the application.

When reviewing citizenship and immigration requirements, only the status of the child is considered. A parent's citizenship or alien status has no effect on a family's eligibility.

U.S. Citizens and Nationals: To qualify as a U.S. citizen or national, a child must be a citizen or national of the United States, Puerto Rico, Guam, Virgin Islands, American Samoa or the Northern Mariana Islands. Citizenship is only verified if questionable. Acceptable documentation includes birth certificates, Immigration and Naturalization Service (INS) documentation or other official identification verifying citizenship or immigration status. Verification from other social service agencies is not acceptable.

Qualified Aliens: A qualified alien is a person who is one of the following:

- An alien lawfully admitted for permanent residence
- An alien granted asylum
- A refugee
- An alien granted parole for at least one year by the INS
- An alien who has had deportation withheld under section 243(h) of the Immigration and Naturalization Act (INA)
- An alien granted conditional entry under immigration law in effect before April 1, 1980
- A battered child of a U.S. citizen or permanent legal resident

Qualified aliens who entered the U.S. before August 22, 1996 may receive child care assistance benefits right away if they are otherwise eligible. However, most qualified aliens who entered the U.S. on or after August 22, 1996 are not eligible for the Child Care Assistance Program for five years after their date of entry.

Five Year Bar: Qualified aliens who arrived in the U.S. on or after August 22, 1996, are prohibited from receiving federal child care assistance benefits until they have been in the U.S. for five years or until they become U.S. citizens. This five-year bar does not apply to the aliens listed below and they may immediately qualify for child care assistance, regardless of their date of entry into the United States:

- Refugees under Section 207 of the Immigration and Naturalization Act (INA)
- Asylees under Section 208 of the INA
- Aliens whose deportation has been withheld under Section 243(h) of the INA
- U.S. military veterans or active-duty military, their spouses, and dependent children.

Documentation: The following documents are acceptable for determining qualified alien status and whether the qualified alien meets the five-year limitation.

- Lawful Permanent Resident: INS Form I-551, or for recent arrivals, a temporary I-551 stamp in a foreign passport or on a Form I-94.
- Refugees: INS Form I-94 endorsed to show entry as a refugee under section 207 of the INA and date of entry to the U.S.; or Form I-668B or I-766 annotated “274a.12(a)(3)” or Form I-571.
- Asylees: INS Form I-94 annotated with a stamp showing grant of asylum under section 208 of the INA; a grant letter from the Asylum Office of the INS; Form I-668B or I-766 annotated “274a.12(a)(5)” or an order of an Immigration Judge granting asylum.
- Alien who has had deportation withheld under Section 243(h) of the INA: Order of an Immigration Judge showing deportation withheld under Section 243(h) and date of grant; or Form I-668B or I-766 annotated “274a.12(A)(10).”

- Alien granted conditional entry under the immigration law in effect before April 1, 1980: INS Form I-94 with a stamp showing admission under Section 03(a)(7), refugee conditional entry; or Form I-668B or I-766 annotated “274a.12(a)(3).”
- Battered spouse or child of U.S. citizen or permanent legal resident: (1) an approved or pending petition showing a prima facie case that he or she is protected under the Violence Against Women Act; and (2) verification that the individual responsible for the battery or cruelty is no longer living in the household of the victim.

PROGRAM PARTICIPATION for DESIGNEE: Designees may participate in the Child Care Assistance Program, provided all eligibility criteria are met. A designee who is also a program participant must have his or her eligibility determined, child care assistance calculated, authorization issued, and provider’s monthly billing reviewed by a supervisor or other unrelated and neutral person within the agency administering the child care assistance grant, or the CCPO. This third party cannot be a co-worker or a subordinate. If the designee is an independent contractor, an employee of the designee may perform the eligibility review. An designee who is also a program participant must avoid a conflict of interest or the appearance of such a conflict as a result of administering the program under which he or she is also being served. Participating designees must comply with all program policies and procedures regarding parent program participation.

MINOR PARENTS (under 18 years old) may participate in the Child Care Assistance Program, as any other parent would, providing all eligibility criteria are met. Minor parents pursuing their high school diploma or general equivalency diploma (GED) are also eligible for child care program benefits, and may be covered while participating in eligible activities while they are in school and during school break.

HOUSEHOLD COMPOSITION: Parents and all children under the age of 18 will be included in the family size when determining eligibility for the Child Care Assistance Program. Designee must verify residence; during family interview, all house hold members parent(s) and children under 18. Unborn children are not considered part of the household composition until birth.

Aunts, uncles, grandparents or other unrelated adults who reside with the family are generally not considered as part of the family composition and are not counted in the family size. (See below for specific examples.)

Blended Families: Unmarried domestic partners with children of their own, but no children in common, are considered as two separate family units. However, unmarried biological parents with common children are treated as a single-family unit. The family unit would consist of the biological parents, the common child and any other children residing in the home.

Example 1: Sally and her two children live with John and his child. John and Sally are not married. John is not the biological father of Sally’s children and Sally is not the biological mother of John’s child. Sally and her two children are considered one family unit. John and his child are also considered one family unit. Child care needs are based on each parent’s separate activity schedule.

Example 2: A household consists of Erica, Tom, their child Terry, and Tom's child from previous relationship. The family unit would be a two-parent family of four because there is a common child between Erica and Tom. Both parents' activity schedules are considered when determining child care needs.

Children in the Home: A child is considered part of the family unit if the child is present in the home at least 50 percent of the time period for which care is authorized.

Second Parent in the Home: A second parent is considered to be part of the family unit if the person has been present at least 50 percent of the time period used to determine familial income unless the absence is due to participating in an eligible activity or incapacitation.

If it is questionable whether to consider a family as a two-parent versus single-parent household due to parental absence, ask the applicant if they consider their family a unit and whether the absent parent will return to the home. If the absent parent will be returning to the home, the family is considered to be a two-parent family. If the absent parent will not be returning to the home, the family is considered to be a single-parent household.

Example 1: A family consisting of two employed adults and two children apply for assistance in the month of January. The designee will count income received in the month of December to determine financial eligibility. If both parents were in the home for at least half of the month of December, both parents would be included in the household composition. If a parent had left the home on December 10 and had not returned, that parent would not be included in the household size.

Example 2: A family consisting of unmarried biological parents wherein one parent is absent from the household due to incapacitation or training/education. According to the parent who applies, their family will be reunited upon the second parent's return. Both adults and dependent children under age 19 are included in the household size. Only the activity schedule of the resident parent is used to determine child care needs.

Example 3: Biological parents are both in residence: Both adults and dependent children under age 19 are included in the household size. The activity schedule of both parents is used to determine child care needs.

Example 4: Married, but not to biological parent: Count both adults and all dependent children under age 19 in household size. Use both of the adult's activity schedules to determine child care needs.

Example 5: Married to biological parent, but separated: Parent who has physical custody and his or her dependent children under age 19 are considered. Absent parent is not included in household size. Child care needs are based on custodial parent's activity schedule.

Example 6: Married to biological parent, but separated with shared custody: If both parents apply for child care assistance, situation is viewed as two separate families. Each parent's income, activity schedule and physical custody of the dependent children must be considered separately.

Example 7: Participating parents living with their parents or other relatives: Only the program parent and his or her dependent children under the age of 19 can be considered in the household composition. Grandparents, adult siblings, aunts or uncles cannot be included in the family size.

ELIGIBLE ACTIVITIES: To be eligible to participate in the Child Care Assistance Program, each adult included in the family unit must be engaged in an eligible activity.

Eligible activities include the following:

- Paid employment
- Seeking work
- Attending an education or training program with the intent of improving employability (associated library/laboratory work and/or courses in English as a Second Language are considered eligible activities)
- Jury duty (for active program families only)
- Pursuing a high school diploma or general equivalency diploma (GED)

Paid Employment is considered an eligible activity when the parent receives income in cash as wages, salary, or commission from an employer in exchange for work performed.

Self-employment is considered paid employment, and therefore an eligible activity, when the self-employed individual possesses a business license, operates with the intent of making a profit, and generates revenue in any consecutive three-month period.

Seeking Work is considered an eligible activity when the parent is actively contacting prospective employers, completing and submitting employment applications, and attending job interviews with the intent of obtaining employment. It is limited to 80 hours of care in a calendar year.

Education and Training is considered an eligible activity when an educational program is a structured learning environment and facilitated by an instructor or teacher. The course of study must include specific goals, objectives and standards and lead to a certificate of mastery or completion, state license, diploma or degree. A training program must be a structured learning environment that has specific objectives, identifiable skills to be mastered and have a starting and an ending date.

Correspondence courses or on-line courses that are part of a participating adult's education or training program may be eligible activities. Individual courses may be an eligible activity if the employer documents that a particular course of study is necessary to maintain employment will contribute to job advancement.

To determine eligibility of an education or training program, the designee will review the course registration or training agreement. If eligible, Child Care may be authorized for class time, plus one hour per credit hour each week may be allowed for library/lab time. Additional lab or library time may be authorized upon verification from the instructor that it is necessary.

All documentation regarding type of degree or vocational program the parent is seeking and the anticipated date of completion must be in the parent file. Designees may require parents to submit school or study schedules or calendars showing times when parent is engaged in eligible activities.

Jury Duty is considered an eligible activity for active program parents only. Jury duty payments received by the parent and not turned over to the employer are counted as income, and any payment over \$200 must be reported within 7 days. However, jury duty payments that are turned over to the employer are not counted as income. Verification of a participating parent's time spent at jury duty is only required if questionable.

Sleep Time is considered an eligible activity, if necessary for a parent to participate in a work activity. It is limited to 8 hours before or after the parent works a night shift that requires a minimum of six work and travel hours between 8:00 PM and 6:00 AM. May not exceed the maximum rate except for PASS I.

Travel Time is allowed when the parent is traveling between a participating provider and the parent's eligible activity. Designees may authorize up to one-half hour before and one-half hour after the eligible activity. However, if the parent uses public transportation, or travels more than 30 miles from the provider, he or she may seek authorization from the CCPO or designee to increase the allowed travel time up to one hour before and after.

ABSENCE: SINGLE-PARENT FAMILY: If a participating family consists of only one parent who is temporarily away from the child or children due to working or attending an education or training program, the family may continue to receive program benefits up to the end of the following month. After that, the family's program eligibility is terminated. The designee must clearly document in case notes the reason why the parent is absent from the home. Verification for a parental absence is required.

Whether or not the parent will be absent beyond the end of the following month when the family's program eligibility ends, he or she may wish to establish, if eligible, an informal guardianship prior to termination of their program benefits. (See Section 305.)

Example: Jane, a single mom, has 2 children and is currently receiving child care assistance. However, on October 10 she must report for 6 months of active military duty in Afghanistan. Jane's program benefits could remain in place for the children through November 30. Jane's sister, Joan, agreed to take care of the children during Jane's absence and applied in late October to become a guardian under the child care assistance program; Joan, however, was determined ineligible. Her family was over-income. In early November, Jane's mother, Marina, applied as guardian for the children, and was determined to be eligible based on her income and activity. Although Marina's co-pay was determined to be higher than Jane's because Marina's household income was somewhat higher, child care assistance for Jane's children will continue uninterrupted on December 1.

ABSENCE or INCAPACITY within a TWO-PARENT FAMILY: A family in which there are two parents and one parent is incapacitated or is absent due to working or attending an education or training program, may participate in the program and receive program benefits if the other parent in the family is not absent and is working, seeking work, or attending an education or training program. Incapacitated means the parent is incapable of caring for children in the family by reason of hospitalization or being physically unable to care for a child as determined by a physician.

The designee must clearly document in the parent file the reason why the parent is absent from the home. Designees shall use a form prescribed by The Division of Public Assistance for this purpose. The form must be completed by a physician making a determination of the parent's incapacity.

Part III: Families	Section: 305
Title: Application and Responsibilities	
Reference: 7 AAC 41.305, 315, 320, & 355	Revised: May 30, 2007

APPLICATION PROCESS: To participate or continue in the Child Care Assistance Program, a family must apply to a designee that serves the community either where the family lives or conducts their eligible activity. If a designee does not serve the family's community, the family may apply to the CCPO and receive service through distance delivery.

Example: Amber, a single parent with 2 children, moves to the Mat-Su area on September 5, from the Municipality of Anchorage (MOA) and wishes to have her application transferred to receive services at a child care facility in the Mat-Su area. Amber will need to submit a new application with her new address, child care hours, and if she has changed employment. At the time of receiving her application, the Mat-Su office will contact MOA CCAP office and request all other information that would be in the parent's file, e.g. birth certificates, child support. Before an authorization can be completed it must be determined if: Amber ended care her child care with a 14 day notice to her MOA provider, if the co-pay had been prorated for the month due to ending care at a MOA facility and whether the parent has communicated to the MOA caseworker their intention to end participation in the Municipality CCAP delivery area.

The family application process includes submitting a complete application, participating in an interview either face to face or telephonically, and providing all information and documentation needed to determine eligibility. The process begins with the family submitting an application form prescribed by the CCPO, and ends with notification of eligibility or ineligibility from the CCPO or designee to the family.

SUBMITTING an APPLICATION: Families may request a Child Care Assistance application by phone, in writing, or in person. A designee must make a reasonable attempt to give or mail an application to the family the same day they request it.

Individuals must be advised that they may submit an application the same day they contact the designee. Applicants shall be advised that the determination of eligibility cannot be made until an application form is completed and all required documentation is submitted.

An application is considered submitted when the designee receives an application form containing at least the applicant's full name, address, and signature. An application is valid for 30 calendar days from this submittal date.

ELIGIBLE START DATE: A family's eligibility start date will be the date an application is date stamped received in the designee's office. If the family provides all the necessary required documents within 30 days from the date stamp date on the application received. Child care assistance will only be made retroactive if a parent is transitioning from PASS I to PASS II. There is no retroactive authorization for Pass III.

Exception: Families selecting in-home care, their eligibility start date will be based on the completion of the provider's necessary documentation.

Example 1: Olivia Grace walks into the Anchorage Child Care Assistance office and partially fills out an application on September 1st, providing her name, address, signature and some household information. She states she has never received PASS I benefits. Ms. Grace does not have any pay information or birth certificates with her. On September 9, she submits copies of birth certificates, but forgets her husband's pay information. On September 20, Ms. Grace faxes in pay stubs and any remaining items necessary. Ms. Grace's eligibility start date would be September 1st.

ELIGIBLE SIGNATURES: The application must be signed by the parent who certifies, under penalty of perjury, the truth of the information contained in the application. The signing parent is considered the applicant. A faxed copy of the application is acceptable, and an original signature on file is unnecessary.

In two-parent families, both parents must sign if they are unmarried to each other and are seeking child care assistance. If married, only one parent needs to sign the application. However, both parents need to sign the Release of Information form.

GUARDIANSHIP: Any adult who can demonstrate that they effectively have physical custody and financial responsibility for a child can apply for child care assistance.

Guardianship does not have to be legally established nor does a blood relationship need to exist for a family to be considered for eligibility. However, guardianship does not exist in situations that arise primarily out of convenience.

Examples of allowable guardianship situations include the following:

- A single parent is away from home for over 45 days of extended military training, leaving their child in the care of a friend.
- A single parent has to be out of town for extended medical treatment and leaves their child in the care of the parent's sister, who is employed.
- A single parent has given physical custody of their children to the children's grandparents while the parent attends college in another town.
- Foster parents who care for wards of the State, and meet all child care assistance eligibility criteria

Examples of guardianship situations that are not allowable include:

- A single parent wants to go on vacation. They leave their child with the parent's sister, who has agreed to watch the child while the parent is gone.
- A person takes in a friend or relative's child for a summer visit.

INTERVIEW PROCESS: The application process must include at least one interview between the designee and the applicant. Interviews may be conducted face-to-face or by telephone. Follow the process from the Checklist issued by the CCPO.

The following, but not limited to, is to be reviewed during the interview conducted by the designee:

- Verify household size {parent(s)/guardian(s) and child(ren)}
- Verify demographic information
- Verify all birth certificates or other approved documentation for children needing care
- Confirm other parent's involvement if applicable
- Verify child support order and custody order if applicable
- Identify provider chosen, relationship to child and verify status
- Verify child care schedule
- Explain the applicant's rights and responsibilities
- Verify eligible activities (work/school/job seek)
- Identify and verify all income documents for parent(s)
- Identify and verify all unearned income for parent(s) and children under 18
- Explore deduction/expenses allowed if applicable
- Assist the applicant with completion of the application and any related forms as needed
- Assist the applicant in understanding the eligibility requirements
- Explain family contribution
- Answer the applicant's questions about the Child Care Assistance Program
- Explore the facts of the household's situation to identify and resolve any questionable information

Prior to the final determination, a parent must complete the family interview process before the family can receive a child care authorization. The interview must be done to complete the eligibility process.

DOCUMENTATION is the recording in the parent's electronic file of what is verified and how, and recording why certain decisions are made that lead to the eligibility determination. Sources of verification include documentary evidence, collateral contacts, and verbal or written statements made by the applicant.

Documentary evidence includes, but is not limited to, hard copies of items such as pay stubs, birth certificates, work schedules, child care billing forms, employer verifications, etc. Collateral contacts may include, but are not limited to, friends, family, inter-agency staff, medical providers or employers who supply pertinent information about the family.

The applicant has the primary responsibility for providing documentary evidence to support statements made, and to resolve any questionable information. Questionable information is unclear or inconsistent information that contradicts a previous application, statement made by the applicant, or other information received by the designee. When questionable information from another source contradicts statements made by the applicant, the applicant must be provided an opportunity to clarify and verify their circumstances.

VERIFICATION REQUIREMENTS: Families applying for participation in the Child Care Assistance Program must provide a government issued photo identification of the person(s) applying for child care assistance and proof of gross countable income.

In addition, for each child for whom child care assistance is sought documentation of age is required, as well as proof of alien status, if not a U.S. citizen. Acceptable documents that may be used to verify a child's age include a birth or baptismal certificate; adoption record; confirmation papers; hospital, midwife or physician's records; certificate of Indian blood; immigration or naturalization records; school or vaccination records. Legibly copied, faxed or scanned documents are acceptable for file copies.

ACTIONS TAKEN on the APPLICATION: The designee must take action (approve, deny, or pend) the application within 30 calendar days from the application submittal. Each action requires that notice be sent to the applicant, typically within 10-15 calendar days of submitting the application. If pended, and the action will cause the worker to exceed the 30 day timeframe, notice must be issued at the time the action is being taken.

Approval of an Application: An Approval Notice must be sent to the family following a determination of eligibility. *Issuance of a child care authorization is not considered official notice of approval.*

Denial of an Application: A notice of determination must be sent to the family explaining the reason for denial. This notice should be sent as soon as possible following the determination of ineligibility.

A family that is determined ineligible for participation in the program shall be provided with a copy of the documentation used in reaching the determination and shall be notified in writing of the right to request an administrative review. Families that have been determined ineligible for participation in the program can reapply at any time.

Pending an Application: The designee must pend an application when a family has not completed the application process. (He or she has not submitted a complete application form, participated in an interview, or provided all the verification necessary to make an eligibility determination.)

The designee must send a notice to the applicant allowing them at least 10 days to provide any missing, necessary information. The notice clearly informs the applicant that an application and interview is required within 30 days from the date the application was submitted. If the applicant fails to complete the process, a denial notice is sent.

When the designee needs the applicant to provide required verification, a notice must be sent. The notice clearly informs the applicant what information must be provided and the date the information is due. If the applicant fails to provide required information by the due date, a denial notice is sent.

LENGTH of ELIGIBILITY: Family eligibility will be determined at least once every six (6) months. Families may be certified for less than six months if a change affecting their eligibility is anticipated or reported. If averaging income for seasonal, commissioned, or other irregular situations for families, designees re-determine family eligibility every three months. The reason for length of eligibility period must be documented.

RENEWING: Families seeking to continue participation past their initial child care authorization period must complete a new application at the end of their eligibility period. Renewing families must complete an update interview prior to a new certification period being authorized. Families must renew in a manner timely enough to provide for continuity of care.

An update interview may be conducted either face to face or telephonically and consists of the designee reviewing any changes noted on the new application, household composition, income and a review of the family's Rights and Responsibilities.

A participating family needs to complete an entire application at least once every six (6) months. The designee may require the family to complete a new application as part of the income review if recertification period is shorter than six (6) months.

Example: A family's authorization ends April 30. On April 2, the Fairbanks Child Care office notifies the family of their upcoming expiration date, and requires the family to submit current information by April 15 in order to renew by May 1. The family, however, did not submit new information until May 8. If the family still qualifies for assistance, the Fairbanks office may renew the family starting no sooner than May 8. Any child care used May 1-7 must be paid solely by the family.

REPORTING CHANGES: Families applying for child care assistance are required to report any anticipated changes in circumstances that may affect their eligibility or subsidy amount at the interview. Changes reported after the interview, but before an eligibility determination is made, will be considered in the initial determination.

Families participating in the program are required to notify the designee within seven (7) days following a change that may affect the family's eligibility or co-payment amount. The designee may require the family to supply additional information to verify reported changes.

What Changes to Report:

- A move or a new mailing address or telephone number
- Anyone moves into or out of their home
- Anyone starts or stops a job, or has an increase of \$200.00 or more
- The family changes providers
- Any worker's comp or maternity leave issues
- Name change

How to Report Changes:

Changes may be reported in writing, by telephone, or in person. Any change that is not reported in writing must be documented in electronic case notes in ICCIS.

PROGRAM STATUS: There are eight types of program status: open, inactive, closed, denied, pended, received, renewed and suspended.

Open: A family is open when they have been approved, are engaged in an eligible activity and have an authorization for child care assistance.

Inactive: Inactive status means retention of eligibility while not actively receiving benefits. If a family requests inactive status for any reason, the designee may place a participating family on inactive status for up to 10 weeks. Inactive status may be extended up to 18 weeks if a family is on leave under the Family Medical Leave Act. When inactivating a family, the designee must notify the family of the beginning and ending dates of the family's inactive period.

In the event of a Wait List, a participating family may choose inactive status in order to maintain a place on the program and not be Wait Listed when they are active again.

The family's participation in the program is terminated after the inactive period ends. A participating family who wishes to return to active status must, before the end of their inactive period, submit a new application, report any income received or other changes which occurred during their inactive status, and have their eligibility re-determined.

Closed: A family's case can close for reasons such as their household income changes to exceed eligibility limits, they fail to renew timely, or they are not participating in eligible activities. ICCIS does not automatically close out a family's file. The ICCIS cases files may remain open for no longer than 10 days after a family's case closes. However, if the family returns to the program within that timeframe, their child care authorization cannot be backdated. Closed status applies to families that have been receiving benefits.

Example: The Jordon family's eligibility ends July 31. They failed to renew in June. Technically, their case closed July 31. Mrs. Jordon, alerted by her child care provider to get a new authorization, made an appointment and went into the child care office with current pay and household information on August 7 to renew. The designee left the Jordon case file active. With all necessary information at hand, and the file not closed out in ICCIS, the designee could issue a child care authorization beginning on August 7 for this family. The designee *could not*, however, backdate the authorization to August 1, as the Jordon's would be deemed ineligible from August 1 until their renewal on August 7.

Denied: A family's case is denied for reasons such as being over-income, or not having eligible-aged children. Denied status is used for applicants not receiving benefits.

Pended: A family's case is awaiting information for eligibility to be determined.

Received: A family's application is submitted for eligibility determination.

Renewed: A family's renewal application was submitted and worked for eligibility re-determination.

Suspended: A family's participation may be suspended for a period of time due to an investigation.

FAMILY RESPONSIBILITIES: A family participating in the Child Care Assistance Program is responsible to do the following:

- Notify the designee within seven (7) days of income increases or decreases involving \$200 or more a month, or of any change in the work activity, family or household that would affect a family's eligibility or benefit amount
- Select an eligible provider
- Pay the portion of the family's authorized child care costs not paid on the family's behalf
- Renew the family's child care authorization in a manner timely enough to provide for continuity of care
- Review the provider's monthly billing statement, if requested by the CCPO or designee, to verify that care was billed only for hours of eligible activity
- Give the provider at least 14 day's written notice of the family's intent to terminate child care except:
 - In the case of sudden program ineligibility
 - In the case of an allegation of abuse, harm, or serious risk of harm to a child in the provider's care
 - Upon mutual agreement between the provider and the family

Part III: Families	Section: 310
Title: Income Determination	
Reference: 7 AAC 41.305 & 7 AAC 41.325	Revised: June 1, 2007

DOCUMENTATION: Good documentation is an essential part of establishing a family's income eligibility and contribution amount. In each situation, designees must document the following:

- The source, amount, and frequency of the family's income and how this information was verified
- The method used to calculate the monthly income
- Any changes in the income and what effects, if any, the changes have on the estimate of income

Since income is the factor most subject to change, the designee must carefully document the reasoning about what income is anticipated to be received. Designees will not be held liable for anticipating income incorrectly if the estimate is reasonable, is based on all available information, and the grounds for the decision about what income is likely to be received are documented.

FOUR METHODS FOR CALCULATING MONTHLY INCOME: Monthly income is calculated and developed in collaboration with the family, to determine a prospective monthly income estimate for the family.

Any of the following methods, as determined appropriate by the designee, may be used to calculate the family's average monthly income estimate. The method used should be chosen based on having a reasonable projection of income the family will have over the period the care will be authorized. Recent or anticipated changes to the family's income situation should also be taken into consideration when determining which method(s) to use. Four methods are:

- Average Monthly Income
- Current Month Income
- Anticipated Monthly Income
- Averaging Seasonal, Commission or other Irregular Income

Method 1: Average Monthly Income. Add together all countable gross income received (pay received not period worked) in the two calendar months preceding the month in which the family submits an application, subtract any allowable deductions, and divide the result by two. In order to use this method a designee must have actual income for these two months. The resulting amount shall be used to determine a family's eligibility and contribution amount. Income and any deductions must be verified by hard copy or collateral contact.

Example of Using Method 1 for Averaging Monthly Income: Colby submitted a Child Care Application on November 9, 2006. A telephonic interview was completed and a notice was sent requesting Colby provide all pay stubs received in the months of September and October 2006. The local office received the pending information on November 20, 2006. Colby works a 40 hour work week at \$10.50 per hour. Colby provided the following Pay Stubs:

Pay Stub Dated:	Gross
9/01/06	\$420.10
9/08/06	\$410.75
9/15/06	\$425.55
9/22/06	\$405.00
9/29/06	\$429.00
10/06/06	\$411.05
10/13/06	\$420.10
10/20/06	\$425.00
10/27/06	\$420.10

There would be no conversion factor, and you would total all the checks received in September and October to get a gross and then divide by 2.

$\$420.10 + \$410.75 + \$425.55 + 405.00 + \$429.00 + \$411.05 + \$420.10 + \$425.00 + \$420.10 = \$3,766.65.$

\$3,766.75 divided by 2 equals a monthly countable of \$1,883.33 with a benefit start date of November 9, 2006. Since this applicant is paid weekly this method will not best reflect their income; utilizing a method a conversion factor the applicants co-pay will be less.

Method 2: Current Month Income. Add together the amounts of countable gross income already received and any income that is anticipated to be received in the month in which the family submits an application. In order to use this method a designee may need to confirm any pay already received if applicable or any pay that will be received in the balance of the month. The resulting amount shall be used to determine a family's eligibility and contribution amount. Income that is to be anticipated and any deductions must be verified by hard copy or collateral contact.

Example of Using Method 2 for Current Month Income: Ricky submitted a Child Care Application on November 21. An office interview was completed and a notice was sent requesting Ricky provide all pay stubs received in the month of November. Ricky works a 40 hour work week at \$14.33 per hour. He is paid twice a month. Ricky provided the following pay stubs on November 27:

Pay stub from 10/29: \$931.45 with a YTD of \$4160.25

Pay stub from 11/09: No Pay stub

Pay stub from 11/24: \$1006.68 with a YTD of \$6135.36

Subtract the YTD from the 10/29 check (\$4160.25) from the YTD of the 11/24 check (\$6135.36) and the result is \$1975.11. That is the current month income for Ricky in November. To

determine the amount of the 11/09 pay stub, take \$1975.11, and subtract the amount of the 11/24 check (\$1006.68) and the remaining figure is the amount for the 11/09 pay stub - \$968.43.

\$1975.11 is the current month income for November for Ricky. There is no conversion factor to apply. The benefit start date is November 21.

Method 3: Anticipated Monthly Income. Estimate the income anticipated to be received by projecting the family's countable gross monthly income for two months forward following the month the family application was submitted. Income that is to be anticipated and any deductions must be verified by hard copy or collateral contact.

Anticipated monthly income is calculated by using information about the estimated amount of income from each source and the frequency of income from each source. The estimate is made using the amount of income anticipated to be received per pay period and applying an appropriate conversion factor. Conversion factors take into account third and fifth paychecks, so those "extra" paychecks are not estimated separately.

Example of Using Method 3 for Anticipating Monthly Income: Gabriel applies for Child Care Assistance on February 2. He submits three weekly pay stubs from January and two from December, stating he has lost the others from those months. The designee documents that, noting that employer pay records are kept out of state, and it would take 6 weeks to receive duplicate copies. In order to determine what income Gabriel will make in March and April, the designee may use the pay information available (hours worked, amounts paid, year-to-date amounts, etc) and/or employer verification, as a representative picture of Gabriel's income for the two months following the month of February. Using the conversion factor of 4.3, the designee then determines a monthly equivalent and issues a two month authorization. The methodology used must be documented in ICCIS.

Monthly Income: If income is received in a single monthly payment, no conversion factor is applied. If the payments are received once a month but the amount changes, an average amount is counted as monthly income.

Twice-Monthly Income: (24 paychecks in a calendar year.) If income is received in two monthly payments, the estimated amount of income per pay period is multiplied by two to arrive at the monthly income.

Bi-Weekly Income: (26 paychecks in a calendar year.) If income is received every other week, the estimated amount of income per pay period is multiplied by 2.15 to arrive at the monthly income.

Weekly Income: If income is received weekly, the estimated amount of income per pay period is multiplied by 4.3 to arrive at the monthly income.

Method 4: Averaging Seasonal, Commission, or other Irregular Income/Deductions.

Average these types of incomes or deductions over a period not to exceed 12 months. Designees must re-determine family eligibility at least every three months.

Example #1 of Using Method 4 for Averaging Seasonal, Commission, or other

Irregular/Deductions Income: Nora applies for Child Care Assistance on April 3rd. She is a

single mother of 2 children and will be working at ABC Gift Shop in Skagway starting May 15th. She worked the same job last year. She will be working from May 15 through September 30th and only needs child care for that period of time. When the job ends, she will collect unemployment because there are no other jobs for her in the community of Skagway through the winter. Since she worked the same job last year and collected UI benefits last year, the designee uses her tax return from last year showing her wages, her UI benefits and any other possible income noted. The totals will be averaged by dividing by 12 months to come up with a monthly calculation since this is the annual income that Nora uses for living in Skagway. Child support will not show on the tax return and should be added by using a current monthly method.

Example #2 of Using Method 4 for Averaging Seasonal, Commission, or other

Irregular/Deductions Income: Reggie applies for Child Care Assistance on June 15. He reports that he has been working at “Big Bob’s Carpet Outlet” for five months and is paid by commission. He receives a commission check every month. Reggie is sent a pend notice that asks him for verification of his commission income. On June 20 Reggie turns in the following commission pay stubs:

January:	Gross of \$578
February:	Gross of \$1438
March:	Gross of \$994
April:	Gross of \$1352
May:	Gross of \$1983

The designee adds all five commission checks together and determines Reggie made \$6345 for those five months. The designee takes \$6345 and divides by 5 to arrive at an average figure of \$1269 per month. \$1269 is the amount of income the designee would use for the month of June, assuming there are no other sources of earned or unearned income for Reggie’s family.

Example #3 of Using Method 4: Jenny is a seasonal self-employed business person who works from May through September. Her income tax from the previous tax year shows that she made \$7860 for the five months she did the seasonal self-employment business. The designee divides \$7860 by five and arrives at \$1572 average income per month of self-employment. The designee authorizes 5 months of child care based on this estimate and documents the method used in the file. Jenny’s income average of \$1572 exceeds the minimum monthly wage equivalent of \$1229.80. The parent is responsible to verify all income and expenses claimed. Acceptable sources of verification are tax records, bookkeeping records, account statements, schedule of self-employment hourly activities, etc.

Example #4 of Using Method 4: Troy is a self-employed business person with no tax documents showing past self-employment activity. He states he will work 8:00 AM – 5:00 PM with one hour off for lunch. Projecting a minimum wage equivalent based on Troy’s information, the designee multiplies Troy’s 8 hours/day by \$7.15/hr to determine \$57.20 in daily income. Then the designee multiplies \$57.20 by 5 days a week to get \$286 weekly. The designee multiplies \$286 by 4.3 weeks to determine Troy’s monthly income of \$1,229.80. This is the equivalent of one month at minimum wage. The designee authorizes 3 months of child care based on this estimate and documents the method used in the file. To renew this 3 month authorization, Troy would submit actual profit and loss statements and an actual schedule of self-employment. The parent is responsible to verify all income and expenses claimed. Acceptable

sources of verification are tax records, bookkeeping records, account statements, schedule of self-employment hourly activities, etc.

INCOME DETERMINATION: This procedure is used to calculate the amount of monthly income that will be used to determine a family's income eligibility and contribution amount.

1. Total Gross Income: Calculate the family's countable gross monthly income using one of the four methods described above. Include monthly gross earned income, the greater of self-employment income or minimum wage calculation, if applicable, and any unearned income, unless excluded.

2. Deduct Catastrophic Medical/Dental Payments: Determine the total amount of catastrophic medical and/or dental payments. Subtract from the family's gross income the amount that is in excess of 10 percent of their gross income. Deductions for catastrophic medical or dental payments may be averaged for a period considered appropriate, but not to exceed 12 months.

3. Deduct Legally Obligated Child Support Payments: Both Current and Arrearage

4. Determine Eligibility and Contribution Amount: The amount of income remaining will be compared to the current Family Income and Contribution Schedule to determine income eligibility and family contribution amount.

INCOME DESCRIPTIONS: Income from any source is countable unless specifically excluded. The following describes types of income: earned, unearned and excluded.

Earned Income

Wages: Wages include, but are not limited to: monetary compensation for services as an employee, including gross earned income, advances, tips (as reported by the employee), and commissions; military pay; earnings from on-the-job training programs under the Workforce Investment Act; and jury duty payments.

Verification: Acceptable verification of wages includes, but is not limited to, a statement signed and dated by the employer, an employer's wage record, paycheck stubs, military leave and earnings statements (LES), or a collateral contact with the employer or other person authorized to verify payroll information.

Advance Wages: A payment or payments received by a parent from his or her employer as an advance on future earnings. For example, military personnel who are moving to Alaska generally receive a three-month pay advance. This advance pay is normally adjusted in the military payroll system by deducting 50 percent of the gross pay until the advance is repaid.

Example: Molly's job has transferred her to Alaska. To help defray moving expenses, Molly receives a pay advance of \$6,000. (\$2,000/month x 3 months = advance pay.) To determine monthly income for this family, the designee would use Molly's Leave and Earnings Statement (LES) or other verifiable pay information, and document the advance amount and timeframe over which it will be recaptured by her employer.

Verification: Acceptable verification includes, but is not limited to, official documents stating that an advance was given, paycheck stubs, or a letter from the employer.

Self-Employment Income: Self-employment includes occupations such as small businesses, crafts, boarding house manager/owner, ownership of rental property, and seasonal self-employment such as fishing.

Example: Jenny is a newly self-employed business person with no tax documents showing past self-employment activity. She states she will work 8:00 AM – 5:00 PM with one hour off for lunch. Projecting a minimum wage equivalent based on Jenny’s information, the designee multiplies Jenny’s 8 hours/day by \$7.15/hr to determine \$57.20 in daily income. Then the designee multiplies \$57.20 by 5 days a week to get \$286 weekly. The designee multiplies \$286 by 4.3 weeks to determine Jenny’s monthly income of \$1,229.80. The designee authorizes 3 months of child care based on this estimate and documents the method used in the file. To renew this 3 month authorization, Jenny would submit actual profit and loss statements and actual schedule of self-employment schedule.

Verification: The parent is responsible to verify all income and expenses claimed. Acceptable sources of verification are tax records, bookkeeping records, account statements, schedule of self-employment hourly activities, etc.

NOTE I: If no revenue is generated by the self-employed person during that time frame the activity would not be considered an eligible activity.

NOTE II: For the purpose of income determination, the designee would calculate the greater of the self-employment income or, if the time engaged in a self-employment activity exceeds three months, the amount equal to the number of hours in the parent’s proposed work schedule attributable to the self-employment activity, multiplied by minimum wage (\$7.15); if the parent engages in a self-employment activity that is substantially different from the original activity, an additional three month period is allowed before minimum wage is calculated.

UNEARNED INCOME of all MEMBERS in HOUSEHOLD COMPOSITION

SSA/SSI/VA Income: Social Security Administration (SSA) – retirement, survivors, and disability benefits; Supplemental Security Income (SSI) – benefits for aged, blind, and disabled persons; and Veteran’s Administration (VA) benefits are considered unearned income.

Verification: Verify with a copy of the current check, current Social Security or Veteran’s Administration award letter, or documentation from the Social Security Administration or Veteran’s Administration verifying the monthly amount.

Child Support: All child support payments received, both current and arrearage, are considered unearned income.

Verification: Acceptable verification includes, but is not limited to, the payment stub issued by the Child Support Services Division (CSSD), a child support affidavit form completed and signed by the parent, a printout from CSSD’s computer system, or a signed statement from the absent parent.

Educational Income: Educational income includes educational grants, scholarships, fellowships, veteran’s educational benefits, and educational related cash gifts of awards paid to a student or to the institution on behalf of the student. Educational income in the form of grants and scholarships is excluded to the extent that they are used for tuition, school fees, books, and required supplies. Any remaining money from the grant or scholarship is considered countable income and is prorated over the period of time it was intended to cover. (Note: Any educational loan on which payment is deferred is considered excluded income.)

Verification: Verification of educational income includes, but is not limited to, a signed and dated statement from the payer documenting the full amount of the educational income and the period it is intended to cover, a financial aid letter, or a copy of the award letter.

ANCSA Distributions: Alaska Native Claims Settlement Act (ANCSA) cash distributions paid in excess of \$2,000 per calendar year to an individual shareholder by a regional or village Native Corporation count as income to the individual shareholder.

Verification: If there is any reason to doubt an individual’s statement that he or she has received or expects to receive an ANCSA payment, or reason to doubt the amount of that payment, verification must be sought from the individual or his/her Native Corporation.

Lump Sums: Lump sums are one-time, nonrecurring payments that exceed \$500 including, but not limited to, insurance proceeds, disability and death benefits, awards and cash gifts, inheritance, terminal leave, severance pay, and net gambling or lottery winnings. Only the

amount of the lump sum that is in excess of \$500 is countable. After deducting the first \$500 from the lump sum, the remaining amount is prorated accordingly.

Amount in Excess of \$500:

\$1 - \$499 = prorate over 4 months

\$500 - \$999 = prorate over 8 months

\$1,000 and over = prorate over 12 months

Verification: Acceptable verification of lump sums includes, but is not limited to, pay stubs or other documentation from the employer, a letter from the paying source verifying the amount issued, or a copy of the award letter.

Non-lump Sums: Cashing-out sick or vacation leave is not considered a lump sum payment, as this could reoccur whenever a person has accrued leave. An employee bonus, such as a Christmas bonus, or a raise retro-actively paid and received, is not treated as a lump sum payment. These situations are treated as irregular income.

Housing Allowances and the Fair Market Value of Employer-Provided Housing:

The Child Care Assistance Policy and Procedure Manual refers to housing allowances and employer-provided housing in Section 310. When listing other unearned income sources to consider, the manual states, on page 11 of 14 under “other sources of unearned income include, but are not limited to, the following: (#17) Housing allowances or fair market value of employer-based housing.” This policy, supported by regulation, allows us to consider “free housing” as an income based factor when making income determinations for families. This clarification provides guidance for how to make this determination, particularly in regards to military families living on one of the many Armed Forces bases in Alaska.

Employer based housing usually means that an employer, whether private or public, pays for the housing of its employees so that a family has little or no rental obligation. In the case of the military the family is helped in one of two ways. First, the family lives rent free in military housing, or second, the military adds an extra amount of income to the family to help defray the costs of rent if the family lives off base or post. This is referenced on a military Leave and Earnings Statement (LES) by the acronym BAH (Basic Allotment Housing).

Regulations allow the Child Care Program to count a certain figure for families that are living rent free courtesy of their employer. To determine what that figure is the Child Care Program Office has determined the HUD Fair Market Rate for Housing will be used in making these calculations. The HUD Fair Market Rate for Alaska varies from borough to borough, so what may be appropriate in Fairbanks will be different in Juneau or Nome. This Fair Market Rate schedule is updated each year, so the figures change from year to year.

Below is the 2007 Fair Market Rate schedule for Alaska, covering all of the boroughs.

	Efficiency	1 BR	2 BR	3 BR	4 BR
Anchorage	\$660	\$751	\$942	\$1356	\$1652
Fairbanks Metro	\$558	\$672	\$859	\$1244	\$1313
MatSu	\$536	\$625	\$797	\$1133	\$1376
Aleutians East	\$697	\$792	\$1004	\$1241	\$1279
Bethel	\$798	\$1000	\$1213	\$1451	\$2130
Denali	\$589	\$727	\$907	\$1273	\$1434
Haines	\$589	\$727	\$907	\$1273	\$1434
Kenai Peninsula	\$526	\$602	\$732	\$1003	\$1285
Kodiak Island	\$671	\$786	\$1034	\$1486	\$1573
Nome	\$698	\$897	\$1030	\$1243	\$1280
Northwest Arctic	\$697	\$792	\$1004	\$1241	\$1279
Sitka	\$669	\$771	\$920	\$1340	\$1615
Southeast Fairbanks*	\$589	\$727	\$907	\$1273	\$1434
Wade Hampton	\$697	\$792	\$1004	\$1241	\$1279
Yakutat	\$697	\$792	\$1004	\$1241	\$1279
Aleutians West	\$697	\$792	\$1004	\$1241	\$1279
Bristol Bay	\$697	\$792	\$1004	\$1241	\$1279
Dillingham	\$697	\$792	\$1004	\$1241	\$1279
Juneau	\$711	\$871	\$1096	\$1481	\$1846
Ketchikan	\$627	\$800	\$962	\$1402	\$1689
Lake & Peninsula	\$697	\$792	\$1004	\$1241	\$1279

	Efficiency	1 BR	2 BR	3 BR	4 BR
North Slope	\$719	\$840	\$1104	\$1320	\$1359
Prince of Wales	\$697	\$792	\$1004	\$1241	\$1279
Skagway/Hoonan/ Angoon	\$697	\$792	\$1004	\$1241	\$1279
Valdez/Cordova	\$589	\$727	\$907	\$1273	\$1434
Wrangell/ Petersburg	\$697	\$792	\$1004	\$1241	\$1279
Yukon/Koyukuk	\$697	\$792	\$1004	\$1241	\$1279

**Southeast Fairbanks is the area to the south and east of the Fairbanks North Star Borough. This means that Salcha, North Pole, Fort Wainright, and Eielson Air Force Base are part of the Fairbanks North Star Borough where as Delta Junction and Fort Greely are part of the Southeast Fairbanks region.*

Example 1: An Air Force family applies for child care assistance in Fairbanks and states to the designee they live on Eielson Air Force Base in a 3 bedroom apartment. They state they pay no rent and their LES has **no** BAH. The family, after counting all of the components on the LES, makes \$2500 a month. When the case worker makes the final determination they will add \$1244 to the income amount based on the Fair Market Rate for a 3 bedroom apartment in Metro Fairbanks. The final income will then be \$3744 for this family.

Example 2: An Army family applies for child care assistance in Anchorage and states they live in a 2 bedroom apartment off post. The family presents the LES to the case worker and the income amount is \$4500, which includes a BAH of \$1100. The case worker would use the \$1100 listed on the BAH and **not** use the HUD amount for Anchorage, which is \$942 for a 2 bedroom apartment.

NOTE: Military families that receive a BAH will have that amount counted as part of their income, regardless of whether or not they are actually using the total BAH for housing. Military families that do not receive a BAH and that live on a military base will receive the HUD Fair Market Rate and not the equivalent BAH that their rank and family size would bring. This is because the HUD rate eliminates the differences in how a BAH might be determined from one family to the next.

Example 3: A family of five applies in Wasilla and tells the case worker their employer, the ACME Company, provides free housing for them in the form of a 4 bedroom apartment. The family provides a written letter to the case worker from ACME which states the family is living in company housing and the value of that is \$800. Because there has been written verification by the employer, the case worker uses the \$800 amount as opposed to the HUD amount of \$1376. Had the ACME Company not provided a statement verifying the value of that apartment, the case worker would have used the HUD rate.

Example 4: A Juneau family applies for assistance and states they live on property owned by the employer of the husband. The employer has never assigned a dollar value to the apartment the family lives in. The family states their place is a 3 bedroom condo style house. The case worker uses the HUD rate of \$1481 in making the income determination for this family.

OTHER SOURCES OF UNEARNED INCOME INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

1. Regular support payments from an absent family member or another person who does not live in the household, unless specifically excluded (i.e. loans)
2. Unemployment Insurance Benefits (UIB) including amounts garnished. Income that is garnished is countable. A garnishment is different from a recoupment. Recoupment occurs from an income source to repay an overpayment from that source. A garnishment reduces income to repay a debt. Designees must examine the reason an income is being reduced to determine if the reduction is a garnishment or a recoupment.
3. Alimony payments
4. Child Support payments, both current and arrearage
5. Adoption Subsidies
6. Annuities, insurance, pensions, retirement, and disability benefits (NOTE: Annuity payments paid quarterly shall be averaged over three months and counted as monthly income. Annuity payments paid annually shall be averaged over twelve months and counted as monthly income.)
7. Veteran's payments and military cash allowances
8. Worker's Compensation
9. Social Security payments
10. Investment income and capital gains
11. Public Assistance cash benefits: Alaska Temporary Assistance (ATAP) including diversion payments and Adult Public Assistance (APA)
12. Federal cost-of-living allowances (COLA)
13. Scholarships and education grants for other than tuition and books
14. Fellowships and assistanceships
15. Employer contributions for child care costs
16. Strike benefits from a union fund
17. Housing allowances or fair market value of employer-provided housing;
18. Stipends
19. Room and board paid to the family by others in the household
20. Net rental income (gross rental income minus allowable costs of doing business)
21. Dividends, interest, net royalties, and periodic receipts from estates or trust
22. The portion of ANCSA distributions that exceed \$2,000 annually per person
23. The portion of one-time, lump-sum payments that exceed \$500

EXCLUDED INCOME:

Loans are excluded as income, including educational loans on which repayment is deferred. Credit card cash advances are loans and are also excluded.

Alaska Permanent Fund Dividends are excluded from income.

Federal Income Tax Refunds are considered a reimbursement and excluded as income.

Earned Income Tax Credits (EITC): Advance payments of earned income tax credits received from an employer are excluded as income. A single earned income tax credit payment received after the end of the tax year is also excluded.

Federal Non-Cash Benefits, including Medicare, Medicaid, food stamps, and supplements through the WIC Program (Women, Infants and Children)

DEDUCTIONS FROM INCOME:

Child Support: Legally obligated child support payments, both arrearage and current, incurred by a household member are allowable deductions. Child support payments that are not legally obligated are not allowed as a deduction.

Legally obligated child support payments include child support payments to a person or agency outside the household, and payments to a third party. These third party payments may include rent, utility payments, and health insurance premiums.

The legal obligation to pay child support, the amount of the monthly obligation, and the amount of child support the household member has been paying must be verified.

The family is responsible for providing this verification. Without verification, the deduction will not be allowed.

Verification of the legal obligation can include: Child Support Services Division computer information or hard copy documentation, a court or administrative order, or a legally enforceable separation agreement. These verifications shall not be accepted as documentation of the amount of any actual child support payments made.

Acceptable verification of paid child support can include: Child Support Services Division Computer information or hard copy documentation, canceled checks, wage withholding statements, verification of withholding from unemployment insurance benefits, or statements from the custodial parent regarding direct payments or third party payments.

Catastrophic Medical and Dental Payments: The amount paid for catastrophic medical and dental expenses can be allowed as a deduction if the payments are for allowable medical and dental expenses and:

- Exceed 10 percent of the family's monthly income; &
- Have been made for more than 60 days; &
- Are projected to be an ongoing expense for more than six months.

Only the portion of the family's total monthly payment that exceeds 10 percent of their gross monthly income is allowable as a deduction.

ALLOWABLE MEDICAL AND DENTAL PAYMENTS INCLUDE:

- **Audiology and Treatment of Speech, Hearing and Language Disorders:** Services of a speech therapist to improve a person's ability to speak, or an audiologist to test a person's hearing. Hearing aids, batteries and repairs are also allowable.
- **Dental Services Including Dentures:** Preventive dental care and treatment of cavities, pain and infection. Payments for dentures and orthodontia in extreme cases of malformation are also allowed.
- **Dialysis:** Services provided as treatment of kidney disease, which causes kidney failure. Allowable whether received in a hospital or freestanding agency.
- **Doctor's Services:** Services provided in the doctor's office or the hospital.
- **Emergency Services:** Immediate medical care that cannot be delayed for an office visit. Payment of ambulance services is allowable only when used in the event of a true medical emergency.
- **Family Planning Services and Supplies:** Family planning, medical counseling services, and the cost of birth control for men and women. Payments for over-the-counter birth control items such as contraceptive creams, gels, foams, and condoms, are allowable if the doctor has written a prescription for them.
- **Home and Community Based Care Services:** High level of care done at home through the Home and Community Based Care Services programs. These programs are also called waivers. This care is similar to care provided in a nursing home.
- **Home Health Care:** Doctor-ordered short-term nursing care in a person's home.
- **Hospice Care:** Special services for persons who are terminally ill provided in their home. A doctor must order these services.
- **Hospital Care:** For inpatient hospital care, only payments for a semi-private room are allowed. Telephone calls, television, and other personal items are not allowable expenses. Payments for outpatient treatment are also allowed.
- **Inpatient Psychiatric Facility Services:** For people under age 21 or 65 and older.
- **Laboratory and X-ray Services:** Diagnostic test and procedures such as laboratory test, examinations, and x-rays when a doctor orders them.
- **Mammography Screening:** Breast x-rays to detect problems ordered by a doctor.
- **Medical Supplies and Equipment:** Medically necessary supplies and equipment ordered by a doctor.
- **Mental Health Services:** Psychotherapy services from a psychiatrist. Also services from a psychologist or clinical social worker when in a community mental health clinic.
- **Nurse Practitioner Services:** The services of a nurse practitioner who specializes in family practice, pediatrics, or who is a nurse midwife.
- **Nursing Facilities Services:** Care in a nursing home.
- **Medical and Dental Insurance Payments.**
- **Occupational Therapy:** When medically necessary to correct a physical defect.
- **Personal Care Services in a Beneficiary's Home:** Personal care attendant who comes into the home to perform non-medical tasks when ordered by a doctor.
- **Physical Therapy:** Services of a physical therapist to rehabilitate and restore body functions following an illness or accident if ordered by a doctor.
- **Prescribed Drugs.**
- **Prosthetic Devices:** Prosthetics and orthotic devices when medically necessary for care and ordered by a doctor.

- Speech Therapy: Payments for evaluation and therapy are allowed. Payment for the evaluation and treatment for swallowing dysfunctions are also allowed.
- Substance Abuse Rehabilitative Services: The following payments are allowed if performed by a provider certified by the Division of Alcoholism and Drug Abuse (DADA) and receive funding from ADA or Department of Health and Social Services: assessment, outpatient counseling, residential treatment, medical services including detoxification and methadone maintenance.
- Surgery: Medically necessary surgery ordered by a physician whether performed in a hospital or surgery center.
- Transportation: Transportation to another city to get medical care if a doctor says it is necessary. Payments for hotels, meals, and taxis are also allowable.
- Vision Services and Eyeglasses: One vision examination per calendar year by an optometrist or an ophthalmologist to determine need for glasses and for treatment of diseases of the eye. One pair of glasses per calendar year is allowable.
- Additional services for children: Available only to children under the age of 21.
- Chiropractic Services: Twelve visits per child per year. Allowable payments are limited to manual manipulations of the spine to correct a dislocation that can be verified by x-ray. One x-ray per person per year.
- Nutrition services for High Risk Children and Pregnant Women: Services of a dietitian for high risk pregnant women, and children who have a growth problem, a chronic disease, low weight at birth, or for an adolescent girl who is pregnant or breast feeding.
- Podiatrists Services: Services of a podiatrist (a doctor who specializes in conditions of the ankle or foot). Allowable only if doctor refers child.

Part III: Families	Section: 315
Title: Educational Income	
Reference: n/a	Revised:

EDUCATIONAL INCOME received by a program parent will be treated as follows:

1. Determine the amount of the educational income. Countable educational income includes scholarships, educational grants, fellowships, and assistantships.
2. Sum the allowable expenses related to the cost of attendance. Allowable expenses include tuition, school fees, books, and required supplies. In some cases, the school, institution, or other grantor earmarks educational income for specific educational-related expenses. However, if the income is not earmarked, the amount used for or intended to be used for allowable expenses will be deducted from the total educational income. Expenses for meals, travel, and lodging are not allowed. Costs not related to attendance are not allowed.
3. Subtract the allowable educational expenses from the total educational income to determine the countable educational income.
4. Divide the total net educational income by the number of months the income is available to determine the monthly countable educational income. If the educational income is received after the period it is intended to cover, prorate the net educational income over the entire period of its intended use. Apply the prorated amount only to the months remaining.
5. Verify Income and Allowable Expenses. Verification of educational income includes, but is not limited to, a signed and dated statement from the payer documenting the full amount of the assistance and the period it is intended to cover, a copy of the award letter, or the financial aid letter. If the number of months the income is intended to cover cannot be established, the parent must submit a statement from the school specifying the date started and the intended date of completion.

Example 1: Jan applies for child care assistance on September 5. The \$2,000 educational grant she received for the current semester is intended to cover the months of August – December. After all allowable expenses are deducted from the grant, \$500 remains. This amount is prorated over 5 months (Aug – Dec). The resulting amount is countable income for those months only. Since Jan didn't apply until September, the \$100 will be considered as monthly income for the months of September through December.

The student must provide documentation verifying the amounts claimed for allowable educational expenses exceeding the amounts earmarked by the institution, and for educational expenses that are not earmarked. Students will not be required to present identifiable receipts for each allowable expense. A statement from the student listing the type of expense and amount may be accepted provided the expense is reasonable.

Part III: Families	Section: 320
Title: Self-Employment Income	
Reference: n/a	Revised:

SELF-EMPLOYMENT: Self-employment endeavors vary depending upon the nature of each self-employment enterprise. **Exact instructions fitting every situation are impossible to provide.** Administrators shall use *prudent judgment* in calculating self-employment income and thoroughly document relevant information. Using the IRS Form 1040 from the prior year is very helpful, whenever available. In such instances that involve corporations or partnerships determining self employment may be complicated; refer to the CCPO for assistance.

Relevant information includes the type of verification used to determine adjusted gross self-employment income and allowable costs of doing business (noting which expenses are not allowed), and for seasonal self-employment, the period of self-employment.

Definition: Self-employment is the process of actively earning income directly from one's own business, trade, or profession. Persons are considered self-employed if they:

- Are responsible for obtaining or providing a service or product; and
- Earn income directly from their own business; and
- Are not required to have federal income tax and FICA payments withheld from their earnings; and
- Are not required to complete an IRS W-4 form for an employer; and
- Are not covered by worker's compensation.
- Have a current State of Alaska business license (or proof of application to obtain) and all other required licenses or permits, and a commercial fishing permit, if a self-employer fisher person.

Self-employment may include income from a trade or business, hobby, commercial boarding house, rental property, or other income producing property. Examples of self-employed individuals may include the following:

- Fishers, Farmers or Trappers
- Ivory Carvers
- Subcontractors, Carpenters or Repair Persons
- Artists or Craft Persons
- Persons Providing and Charging Room and Board
- Persons that Own and Manage Rental Property

SELF-EMPLOYED FISHER PERSONS: Owners of fishing boats and individuals holding fishing permits are considered self-employed provided they are actively involved in the fishing operation and fit the definition of a self-employed individual.

Individuals who lease their boat or fishing permit and are not actively involved in the fishing operation are not considered self-employed. In these cases, the income obtained from the lease of the boat or permit is considered unearned income.

SELF-EMPLOYMENT DEFINITIONS:

Monthly Self-Employment Income is self-employment income that is, or could be, earned on a monthly basis during any or all months throughout the year. Examples of monthly self-employment include persons involved in Crafts, Cosmetic Sales, Taxi Drivers, or Rental Property Owners.

Seasonal Self-Employment Income is self-employment income earned during a specified season or during part of a year. Examples of seasonal self-employment include persons such as Fishers, Trappers, and Farmers.

Gross Self-Employment Income means the total amount of money the trade or business produces. Gross self-employment income is computed by totaling the gross business receipts (income) for the business enterprise. Allowable costs of doing business are not deducted in determining gross self-employment income.

Adjusted Self-Employment Income means the gross self-employment income less allowable costs of doing business. To determine adjusted gross self-employment income, subtract the total amount of allowable costs of doing business from the gross self-employment income. The amount of self-employment earnings countable to a self-employed individual is the adjusted gross self-employment income.

Self-Employment Costs of Doing Business are those declared non-personal expenses incurred by the self-employed individual as a direct result of earning the self-employment income.

Durable Goods are items of value purchased for use in the self-employment enterprise that are normally used for more than one year or season and can usually be sold once the self-employment business ends. Durable goods include such items as office equipment, vehicles, playground equipment, computers, fishing nets (gill nets, seine nets), and file cabinets.

Over-Time: Over-time is considered any time worked over 8 hours a day, or over 40 hours a week.

Period of Self-Employment means the months in which a self-employed individual is actively engaged in producing, or attempting to produce, self-employment income.

The period of self-employment may include 30 days prior or 30 days after which maintenance or preparation of tools or equipment is the only self-employment activity performed.

Example: Erika who lives in the Mat Su valley, harvests herbs to make into tea leaves and balms, etc. for retail sale. She also has a grant from the Rasmussen Fund Foundation to write a "How To" book on the same subject. Erika works year round, but winter hours are less than summer hours. There are minimal sales during the winter. Her products are retailed in stores that Erika does not own. Harvesting is done in the spring and summer. Book writing is done mostly in the winter with grant reporting required to the Rasmussen Foundation on a monthly basis. Erika documents which activity she is engaged in on her monthly work calendar that was required by the designee.

Using last year's tax return, or if this is a new business, assess quarterly with all income and expense reports, or the administrator could also go back to January 1st and recreate the year, divide income and expenses by the number of months being used.

ALLOWABLE COSTS OF DOING BUSINESS for a self-employed individual are those non-personal costs of doing business which are directly related to producing the self-employment income, and which are not specifically prohibited. If an expense is determined to be an allowable cost of doing business, the expense is deducted in calculating adjusted gross income in the month it is paid.

Allowable costs of doing business include, but are not limited to the following:

- Labor, including gross wages for an employee, employee life and health insurance premiums, and mandatory employer contributions to employee benefits plans such as unemployment insurance and social security.
- Stock and inventory, including the actual amount plus tax of a product purchased for resale.
- Payments (including interest and principle) on the purchase of income-producing real estate and capital assets, equipment, machinery, and other durable goods.
- Insurance premiums, taxes, assessments, and utilities on income producing property. When part of the household's home is used as the place of business, a percentage of the mortgage interest, insurance, taxes, and utilities can be allowed as allowable costs of doing business. To get this allowance, the household must document, as separate and identifiable, the costs on that portion of the home used in the business.
- Service, maintenance, and repair of business property and business equipment.
- Rental costs of business property and business equipment.
- Business supplies.
- Costs for advertisement.
- Licenses and permit fees.
- Legal and professional fees, such as fees to lawyers and accountants.
- Business travel, including costs incurred by the self-employed individual to travel outside their community to sell goods or services, purchase business equipment, and seek repair for business equipment. Transportation costs incurred commuting to and from work, regardless of distance or mode of transport, are not allowable costs of doing business.
- Vehicle maintenance and repairs. Allowable costs for vehicles used over 50 percent of the time for the business include gas, oil, registration and licensing fees, and replacement of worn items such as tires. When a vehicle is used less than 50 percent of the time for the business, a flat rate per mile is allowed which compensates for all business related costs. The self-employed individual is responsible for providing acceptable documentation of the business-related mileage.
- Purchase of non-durable items.
- Any expense judged by the local administrator to be reasonable and necessary to the efficient and profitable operation of the business.

Example: Allowable costs of business for a self-employed fisher person include commercial boat payments; commercial fishing and boat licenses; fishing permit renewal fee; boat engine fuel and oil; repair and maintenance costs to the boat, engine, spare motors, fishing gear, and line; boat mortgage, grid, and haul-out fees; rain gear and fish cleaning gloves; bait; utility costs to maintain the boat year round; crew member wages/shares; crew food and transportation (if paid for by the self-employed fisher person); and charts.

Expenses Not Allowed as a Cost of Doing Business includes the following:

- Depreciation
- Net losses from previous periods
- Federal, state, and local income taxes
- Monies set aside for retirement purposes, except when paid for a non-household member employee
- Personal work-related expenses such as transportation to and from work, including costs to travel outside the home community to work
- Normal living expenses incurred by the self-employed individual and family members, such as shelter and food
- Personal costs for the self-employed individual and his or her family such as life and medical insurance and entertainment
- Undeclared costs of doing business

Verification of Self-Employment Income and Costs of Doing Business: Each self-employed individual is required to provide verification of self-employment income and allowable costs of doing business. Costs of doing business must be clearly identified as business expenses.

Special Note for Seasonally Self-Employed Families: When the family applies for child care assistance before or during the self-employment season, consider income and allowable costs of doing business from the most recent completed season for which verification is available.

When the household applies after the self-employment season is completed, consider the income and allowable costs of doing business from this complete season, provided verification is available.

When complete business records are not available, or the business records contain questionable information, additional verification is necessary.

Self-Employment Business Records: The self-employed person's business records are the best and preferred method of verification. Self-employment has no "employer" verification. The self-employed person is the employer, and thus, business records maintained by the individual are acceptable verification. Third party verification or income and expense receipts are not necessary when complete business records are provided.

Individual receipts for income and costs of doing business can be accepted. The self-employed person has primary responsibility to tabulate the income and expense types and amounts in an organized manner.

Tax Forms: Income tax documents, including Form 1040, Sole Proprietorship: Schedule C Business, Schedule E Rental and Royalty, or Schedule F Farm; and Form 1065, Partnership: Schedule K-1 Partner's Share of Income provide acceptable documentation of self-employment income and expenses.

Some costs of doing business allowed by IRS, such as depreciation, are not allowable costs of doing business under Child Care Assistance Program rules. When using tax forms as verification, review the claimed expenses, noting which are allowed under program rules. No additional verification is required for allowable costs

Third Party Collateral Contacts: Written documentation from a third party verifying the self-employed person's income or expenses is acceptable. This may include verification from city or borough offices, taxicab owners, parent companies, fish processors/canneries, and Department of Fish and Game.

Calculating Monthly Self-Employment Income: Monthly self-employment income is calculated on a month-to-month basis, even if the self-employment income is not received every month. Adjusted monthly gross self-employment income is determined by subtracting the allowable costs of doing business incurred from the monthly gross self-employment income.

Calculating Seasonal Self-Employment Income: Seasonal self-employment income maybe "annualized" (prorated over 12 months). To annualize a family's annual adjusted gross seasonal self-employment income, an administrator must first calculate each self-employed individual's annual adjusted gross seasonal self-employment income using the self-employment income and expenses for the most recently completed period of self-employment.

Then, depending on the circumstances, do the following:

- If a family applies before or during the self-employment period, use the prior period's income and allowable costs of doing business.
- If a family applies after the period of self-employment, use the most recently completed period's income and allowable costs of doing business.
- If the self-employment enterprise is new and an entire season has not yet been completed, or if the current circumstances are expected to result in a substantial change in self-employment income from the prior season, projected income is used.

Next, add together the annual adjusted gross seasonal self-employment income for each seasonally self-employed individual included in the family. The result is the family's adjusted gross seasonal self-employment income.

Note: When a self-employed individual is engaged in more than one seasonal self-employment enterprise and/or there is more than one type of seasonal self-employment income in the family, each of the adjusted gross seasonal self-employment incomes of all family members are totaled and combined to perform this calculation.

Do not include any monthly self-employment income or other earnings of any other member to perform this calculation.

Finally, divide each self-employed individual's total annual adjusted gross self-employment income by 12, and attribute the prorated amount as adjusted monthly gross self-employment income.

Example: Mary works on a tour boat from May through September. She lives in Haines and also does occasional on-call teacher substituting for the elementary school during the winter. She collects unemployment from October through April. The administrator can use Mary's tax return from last year, counting all income from the return and dividing it by 12 months to come up with a monthly calculation. Her seasonal income, on-call income and UI benefits will all be on her tax return if she is doing the same activity as last year. If applicable, current child support would be factored into the calculation.

Part III Families	Section: 325
Title: Family Contribution and Schedule	
Reference: 7 AAC 41.330 - .335	Revised:

FAMILY CONTRIBUTION: A participating family is required to contribute toward the cost of child care by paying a percentage of their gross countable income as determined on the family income and contribution schedule.

The designee shall pay to the provider the remainder of the eligible cost of care on behalf of the family, up to the program rate set by the department. If the provider charges more than the relevant state program rate, the family is responsible to pay the difference to the provider within a reasonable timeframe established between the two of them. The provider is responsible for obtaining that amount, and is allowed to request payment in advance from the family for services to be provided.

If the family has more than one provider, the designee shall specify the amount of the family's co-pay that must be paid to each provider.

FAMILY INCOME AND CONTRIBUTION SCHEDULE: The purpose of this schedule is to determine the maximum family monthly income eligibility for participation in the Child Care Assistance Program. By using monthly income and family size, an administrator can determine where a family falls on a sliding fee scale according to family size and income level, and the amount the family will pay toward the cost of child care for the family.

Maximum family monthly income is based on a percentage of the median income level adjusted by family size. In addition, the Schedule is adjusted by deducting the estimated amount of the Permanent Fund Dividend (for the year the Schedule was prepared) multiplied by the number of family members.

The CCPO may review and revise the Family Income and Contribution Schedule based on one or more of the following factors:

- implementation shows unintended results or irregularities, such as when increases in earned income are entirely consumed by an increased contribution; or when contributions compete with basic family necessities including food, shelter or transportation
- funding levels for the child care assistance program changes and the CCPO must re-determine maximum numbers of families to receive services
- numbers of children in care and needing care under the program
- numbers of children in care in a family under the program
- other factors necessary to administer a fair and equitable program

Part III: Families	Section: 330
Title: In-Home Care	
Reference: 7 AAC 41.370 & 7 AAC 41.025	Revised: June 1, 2007

An eligible family may choose to hire an in-home care-giver to care for the family's children within their own home. However, a parent will not be approved to participate in the child care assistance program for the care of his or her own child.

Prior to receiving an authorization, an eligible family who chooses to hire an in-home care-giver must verify and acknowledge, on a form prescribed by the CCPO, that the selected provider meets, at a minimum, the following criteria:

- Is at least 18 years of age
- Has submitted a printout of their criminal justice background information and release of information form to the designee
- Is caring only for children residing in the family's home. The provider may also bring her/his own if the total number of children does not exceed five
- Is employed by the family

DOCUMENTATION: An in-home child care packet shall be provided to a family choosing in-home care. The contents of the packet must include state and federal employment information, a reminder that the parent is responsible for compliance with applicable labor laws and tax requirements (such as paying at least minimum wage), and a suggested health and safety checklist.

Individual forms in the packet must include the following:

- IRS Publication 926: Household Employer's Tax Guide
- IRS Form SS-4: Application for Employer Identification Number
- IRS Form W-4: Employees Withholding Allowance Certificate
- INS Form I-9: Employment Eligibility Verification
- CSSD Form: Alaska New Hire Reporting

The family, as the employer of an in-home care-giver, must maintain files containing the above information for a minimum of three (3) years for the purposes of the Child Care Assistance Program.

The family must provide to the designee a copy of an Interested Person Report regarding their care-giver. Upon receipt of the Interested Person Report, the CCPO or designee will verify whether the care-giver is eligible to provide care under the Child Care Assistance Program and notify the family in writing regarding the determination. Designees do not establish files for in-home care-givers. Information is kept in the parent file.

AUTHORIZATION AND PAYMENT: A single authorization covering all in-home child care hours and days will be issued to the family. The provider is not identified on the authorization and does not receive a copy of the authorization.

A family choosing in-home care except for PASS I is paid directly by the designee. Currently, the monthly amount paid to a family shall not exceed \$3,003. (This monthly maximum is equal to two times the minimum hourly wage currently is \$7.15 established under AS 23.10.065, multiplied by 210.)

The family is fully responsible for paying their provider at least the minimum wage established under AS 23.10.065 or the amount of the family's program benefits, whichever is more. If a provider claims that a family has not paid her or him, the provider should be referred to the Department of Labor for filing a complaint.

The maximum state payment rate will be based on the allowable rate for approved care according to the program rate schedule. The family may not bill the state for costs not paid to their provider. In addition, the family shall not bill for any care not authorized by the designee.

As the employer of the in-home child care provider, the family is responsible for complying with minimum wage standards and both federal and state employer tax requirements. The family must also retain files for at least three years of all records related to attendance of children in care, billings, and provider employment.

The designee is not responsible for verifying the family is in compliance with tax and labor laws.

Part III: Families	Section: 335
Title: Compliance Review; Plan of Correction	
Reference: 7 AAC 41.407	Revised:

If an administrator suspects that a provider or parent may be out of compliance, the administrator should contact the CCPO for follow-up procedures to monitor, inspect or investigate the situation.

A participating family and the provider they have chosen, In-Home care situation under the Child Care Assistance Program must cooperate with the CCPO or designee for the purpose of a monitoring review, inspection, or investigation to determine program compliance.

Compliance means that staff from the Child Care Program Office or designee will be allowed access to the child care premises, to all relevant records, and to children for conducting interviews.

If a provider or family is determined to be out of compliance with program requirements, the CCPO will issue a plan of correction, with a timeline by which compliance must be achieved. If compliance is not achieved within the specified timeframe, the provider and/or family will be considered to have performed an intentional program violation subject to further sanction.

Part III: Families	Section: 340
Title: Notice of Action	
Reference: 7 AAC 41.405 & 7 AAC 49.070	Revised:

The CCPO or designee must give written notice to a participating family of any action that would reduce or terminate program benefits before a child care authorization expires.

Exceptions to this rule include the following:

- The family indicates in writing they no longer want program benefits.
- The family's whereabouts are unknown and mail directly to their last known address was returned by the post office with no known forwarding address.
- Known death of client

GENERAL NOTICE REQUIREMENTS: Notices must be informative, meaningful, and clearly written. The message and tone of notices must be professional.

Required Notice Contents: Each applying family and provider or participating family and provider must be informed in writing of the following any time a negative action will be taken:

- their right to request an administrative review
- how to request an administrative review
- the policy manual section or regulation supporting the decision

Notice of Decisions on Applications: Applicants must receive written notice of the decision made on their application. This notice must give the reasons for the decision and cite the program policy manual section(s) or regulations supporting the decision.

Notice of Action Taken: Participating families and providers must receive a written notice of any action taken on their case. Notices must state what action is planned and when that action will take effect. The notice must also cite the program policy manual section(s) or regulations supporting the action.

Part III: Families	Section: 345
Title: List of Ineligible Families	
Reference: 7 AAC 41.450	Revised: May 30, 2007

The Child Care Program Office (CCPO) will maintain a list of families determined to be ineligible due to sanctions under the Child Care Assistance Program, or for intentional program violations.

Families may be placed on this list also if they refuse to comply with a repayment plan, or refuse to cooperate with the establishment of a payment plan.

Such listed families will not be allowed to participate in PASS II or III child care assistance programs. The list will be available to and disseminated to designees on a regular basis throughout the year.

Part II: Providers	Section: 350
Title: Special Needs Supplement	
Reference: 7AAC: 41.025	Revised:

SPECIAL NEEDS SUPPLEMENT: A child under 13 years of age may qualify for supplemental program rates through the Alaska Inclusive Child Care Program (Alaska IN!) if a child's special needs are documented by a health professional, and the provider shows that the child requires additional services at an additional cost. The family must initiate this process by contacting the regional Child Care Resource and Referral Agency (CCR&R). The family coordinates with the CCR&R and the provider to establish individualized supplemental services for each child.

Children, ages 13 through 18 with developmental disabilities, are not eligible for the Special Needs Supplement. However, they may be eligible for child care assistance.

Special Needs Supplements, unlike regular child care assistance payments, are not subject to a monthly maximum dollar amount. For example, if a child was determined eligible for 75% of the special needs supplement, payment would consist of the regularly authorized child care, plus the 75% supplement, even if the supplement caused the overall payment to exceed the monthly maximum dollar amount.

Example: Henry is three years old and has special needs. His parents live and work in Kenai, and qualify for child care assistance. Henry's parents contacted Child Care Connection and worked with their health care professional to determine that Henry would be eligible to receive a special needs supplement of 100%.

Henry's child care provider, working in her licensed home, received additional training to care for Henry's specific needs, and demonstrated that additional time, training, and cost is required in order to care for Henry. Therefore, Henry's family may be eligible to receive child care assistance for full-time care in the licensed home at \$518, plus 100% of the special needs supplement for Kenai.

Although the monthly maximum for a pre-school aged child with no special needs attending a licensed home in Kenai would be \$829 (full-time plus part-time enrollment), the monthly payment in Henry's case, including the special needs supplement, would be \$1,036 ($\$518 \times 2 = \$1,036$) less the co-pay.

Eligibility Start Date: The Special Needs Supplement may be authorized retroactively to the month prior to the month when eligibility was determined (up to and including 60 days). The exception is that the supplement may not be authorized retroactively into the prior fiscal year. For example, a determination made on July 22 cannot be made retroactive to June 1 as June is the last month of the previous state fiscal year. In this case, the July 22 determination may only be authorized retroactive to July 1.

CHILDREN WITH SPECIAL NEEDS DEFINED: In accordance with 7 AAC 57.940, a child has special needs if the child

1. has been identified as not functioning according to age-appropriate expectations in the areas of affective, cognitive, communicative, perceptual, motor, physical, or social development to the extent that the child may require help, program adjustments, or related services on a regular basis in order to function in an adaptive manner;
2. requires health and related services of a type or amount beyond that typically required by a child in the child's age group; or
3. may require one or more of the following services:
 - a. specialized care for a particular condition
 - b. a specially trained caregiver
 - c. frequent monitoring of the child's health or medical needs
 - d. very close supervision
 - e. frequent intervention
 - f. aided physical movement

Part IV: Appendix	Section: 400
Title: Definitions	
Reference: 7 AAC 41.990	Revised: May 30, 2007

DEFINITIONS WITHIN THE CHILD CARE ASSISTANCE PROGRAM:

Adjusted Gross Income: Gross self-employment income less allowable costs of doing business.

Administrator: Person designated by the designee, or the designee's subcontractor, to administer the program.

Adult: An individual who is 18 years of age or older.

Allowable Costs of Doing Business: Declared, non-personal expenses incurred by a self-employed person (using cash basis accounting rather than accrual) as a direct result of earning the self-employment income.

Applicant: Person who applies for assistance as a parent under the program.

Approved Provider: Provider approved by the department or its designee to participate in the Child Care Assistance Program.

Approved In-Home Provider: An in-home child care provider (care-giver) who is approved under 7 AAC 41.370(d).

ATAP: Alaska Temporary Assistance Program

Attendance: The time that a child is actually in the care of a provider.

Attendance Rate: A full-time, part-time daily or hourly rate for actual time a child is in care.

Attending School: Participating in an educational program or training program, the intent of which is to lead to employment.

Authorized: Information on a child care authorization.

Category of Care: Classification of child described in 7 AAC 41.025(b) and specified in an authorization.

Child: An individual below 13 years of age, or a minor who has a developmental disability.

Child Care: The care, supervision, and guidance of a child or children unaccompanied by a parent or legal guardian on a regular basis for periods generally less than 24 hours a day.

Child Care Assistance Program: Public financing and support for a wide range of child care services, including subsidy and support to parents and child care providers.

Child Care Authorization: The written document or certificate issued directly to a parent and provider authorizing payment assistance for child care services.

Child with Special Needs: See Section 350 for full definition.

Collateral Contact: A source of information that is knowledgeable about the family's situation and serves to support or corroborate information provided by a family.

Contract: Agreement between the department and a designee under which the department provides money to a designee to carry out the program.

Co-Payment: The amount a family contributes to the cost of child care, based on a percentage of all family members gross countable income.

CPR: Cardiopulmonary resuscitation.

Day: Calendar days, unless specifically provided otherwise.

Department: The Department of Health and Social Services.

Designee: A municipality or other entity that has been designated by the department to assume one or more of the department's duties.

Developmental Disability: A disability under which a person is incapable of self-care, as verified by a physician or licensed or certified psychologist who has examined the person.

Disability: A condition that is attributable to one or more mental or physical impairments that are severe, chronic, and likely to continue indefinitely.

Division: The Division of Public Assistance.

Durable Goods: Goods normally used for more than one year or season and that can be sold when a business operation ends.

Educational Program: A structured learning environment in which an instructor or teacher leads students through a course of study that includes specific learning objectives, goals, and standards, and leads to a certificate of mastery or completion, a state license, or a diploma or a degree.

Eligible Cost of Care: The program rate set in 7 AAC 41.025 or the provider's charge for services, whichever is less.

Eligible family: Family that meets the requirements for program benefits.

Eligible provider: A licensed or approved provider determined to be eligible to participate in the program.

Enrollment rate: Rate based on a schedule or an estimated number of units of care per month regardless of the actual time a child is in care.

Family: One of the following arrangements as listed below:

One parent, and that parent's children, living together in a household; OR

Two parents who are married to each other, and the children of either or both of them, living together in a household; OR

The two biological parents of a child who are not married to each other, that child, and any other children of either of those parents, living together in a household.

Family Income: The total combined income of the family members that are part of the family composition.

Full-Time Care: More than five (5), but not more than ten (10) hours of care in a 24-hour period.

Grant: An agreement between the department and grantee/designee under which the department provides money to the grantee/designee to carry out the program and is the same as a contract.

Gross Self-Employment Income: The total amount of income the trade or business produces prior to deducting the allowable costs of doing business.

Hand sink: Lavatory equipped to provide hot and cold running water in a manner that meets requirements of 7 AAC 41.220(C)(9)(D), and used solely for washing hands, face, arms, or other portions of the body.

In Loco Parentis: Person acting in place of a parent, such as a guardian, relative, or friend, who provides care and supervision like a parent but without the formalities of legal guardianship or adoption.

Inactive Status: Eligibility retention while not receiving benefits.

Incapacitated: Incapable of caring for children in the family by reason of hospitalization or being physically unable to care for a child as determined by a physician.

In Care: Receiving care in a provider's facility.

Ineligible Activity: An activity in which a parent is engaged, but does not meet the criteria of an "eligible activity." Examples include non-work related appointments (doctor, dentist, aid programs), volunteering, non-work-related travel, and home schooling.

Infant: A child from birth to eighteen (18) months of age.

In-Home Child Care: Child care services provided in the child's own home by an approved in-home child care provider.

In-Home Child Care Provider: An individual who provides child care services in the child's own home; This person cannot be the child's own parent.

Licensed Provider: Provider licensed under AS 47.32 and 7 AAC 57.

Month: A calendar month, unless otherwise specified.

Monthly Enrollment Rate: A rate based on a schedule of an estimated number of units of care per month.

Night Shift: Employment requiring a minimum of six (6) work and travel hours between the hours of 8:00 p.m. and 6:00 a.m.

Office: The Child Care Program Office within the department.

Parent: A parent by blood, marriage, or adoption; a legal guardian; or other person standing in loco parentis.

Part-Time Day: Up to and including five (5), but not more than five (5), hours of care in a day.

Participating Family: Family that has been determined to be eligible to participate in the program and that has been issued a child care authorization.

Participating Provider: An individual or business providing child care services under a child care authorization.

PASS: Parents Achieving Self-Sufficiency.

Preschool Age Child: A child 37 months of age through six (6) years of age.

Program: The Child Care Assistance Program.

Program Rate: Rate from the program rate schedule established by the division from a biennial market rate survey.

Prospective Budgeting: A type of budgeting in which a family's eligibility and co-payment is based on income and circumstances expected to exist during the certification period.

Provider: An individual or organization that charges for child care as a business or an individual employed by such facility.

Rate: A published fee charged by a provider for child care services for a specified unit of time.

Registration Fee: A charge associated with the initial or annual enrollment of a child by a provider. CCA Payment for registration fee is made to Licensed Providers only.

Regularly provides care: Means that a child is enrolled for regular care with a provider, regardless of whether that child receives full-time or part-time care.

Relative: A child who, by marriage, blood, or court decree, is the grandchild or great-grandchild of the provider; niece, nephew, great-niece, or great-nephew of the provider; or sibling of the provider.

Relative Provider: If the provider lives in a separate residence, a provider who provides child care services only to eligible children who are, by marriage, blood relationship, or court decree, the grandchild or great-grandchild, niece, nephew, great-niece, or great-nephew of the provider; or sibling of the provider.

School Age Child: A child seven (7) years of age through 12 years of age.

Seek Work: An activity in which the parent is contacting prospective employers, completing and submitting job applications, and attending job interviews with the goal of obtaining employment.

Self-Employment: The process of actively earning income directly from one's own business, trade, or profession for which an Alaska business license, in most cases has been obtained, and that generates income during any consecutive three-month period.

Soft Cap: When a families co-pay exceeds the State Benefit Amount.

State Benefit Amount: The result of applying the program rate to the care given for a month and comparing it to the provider charges for the month. The State Benefit Amount is the lesser of the two.

State Rate: See “Program Rate.”

Subcontract: A binding legal agreement that provides for an organization or an individual other than a grantee to carry out the administrative duties required by a grant.

Supplemental Payment: Approved additional payment above authorized cost of care.

Suspension: Barred from receiving program benefits for a specific period of time.

Toddler: A child 19 months of age through 36 months of age.

Training Program: A structured learning environment for participants that has specific learning objectives, identified skills to be mastered, and a beginning and ending date

Unit: A fixed duration of child care time in relation to a rate, such as an hourly rate, a part-time daily rate, full-time daily rate, part-time monthly rate, or monthly enrollment rate.

Wait List: A list of eligible families currently not receiving assistance due to insufficient money or child care providers within a community.

Work: An activity for which a wage or salary is paid, or hours spent in a self-employment activity. See 7 AAC 41.312

Part IV: Appendix	Section: 405
Title: Acronyms & Abbreviations	
Referenced: n/a	Revised:

Acronyms/Abbreviations within the Child Care Assistance Program:

ADDR	Address
ADJ	Adjusted
APID	Absent Parent Identity
APP	Application
ATAP	Alaska Temporary Assistance Program (Food Stamps, Medicaid, DKC. . .)
AUTH	Authorization
BC	Birth Certificate
BSD	Benefit Start Date
CANO	Case Notes
CB	Call Back
CC	Collateral Contact
CCA	Child Care Assistance
CCPO	Child Care Program Office
CH	Child
CM	Case Manager (PASS I & PASS II)
CS	Client Statement
CSSD	Child Support System
CW	Case Worker
DI	Divorced
DOB	Date of Birth
DOL	Department of Labor
DPA	Department of Public Assistance
EAIN	Earned Income
EDD	Estimated Due Date
EST	Estimated
ET	Eligibility Technician
EX	Exempt
FC	Foster Care
FIAC	Financial Accounts
FIN AID	Financial Aid
FM	Family Medicaid
FS	Food Stamps

FSSP	Family Self Sufficiency Plan
FT	Full Time
FTF	Face to Face
HC	Hard Copy
HHM	Household Member
HM	Home
HSS	Health & Social Services
ID	Identification
INGENS	DPA Interface System which shows Property, Vehicles, Court Actions . . .
IPR	Interested Persons Report
MA	Married
MED	Medical Coverage
NM	Never Married
NOD	Notice of Determination
PAA	Public Assistance Analyst
PAT	Paternity
PC	Phone Call
PT	Part Time
R&R	Rights and Responsibilities
RCVD	Received
REQ	Required
RES	Residence
ROI	Release of Information
ROPD	Record of Permanent Documents (hard copy file)
SEEI	Self Employment Earned Income
SS DS	Social Security Disability
SS OT	Social Security Other
SS SU	Social Security Survivor Payments
SSI	Supplemental Social Security Income
SSN	Social Security Number
ST PA	Step Parent
TA	Alaska Temporary Assistance (cash assistance)
TC	Telephone Call
UIB	Unemployment Benefits
UNIE	Unearned Income from Education Loans/Grants
UNIN	Unearned Income
VA	Veterans Administrations
VR	Verified/Verification
WC	Workmen's Comp